

## MODE OF ARRIVAL

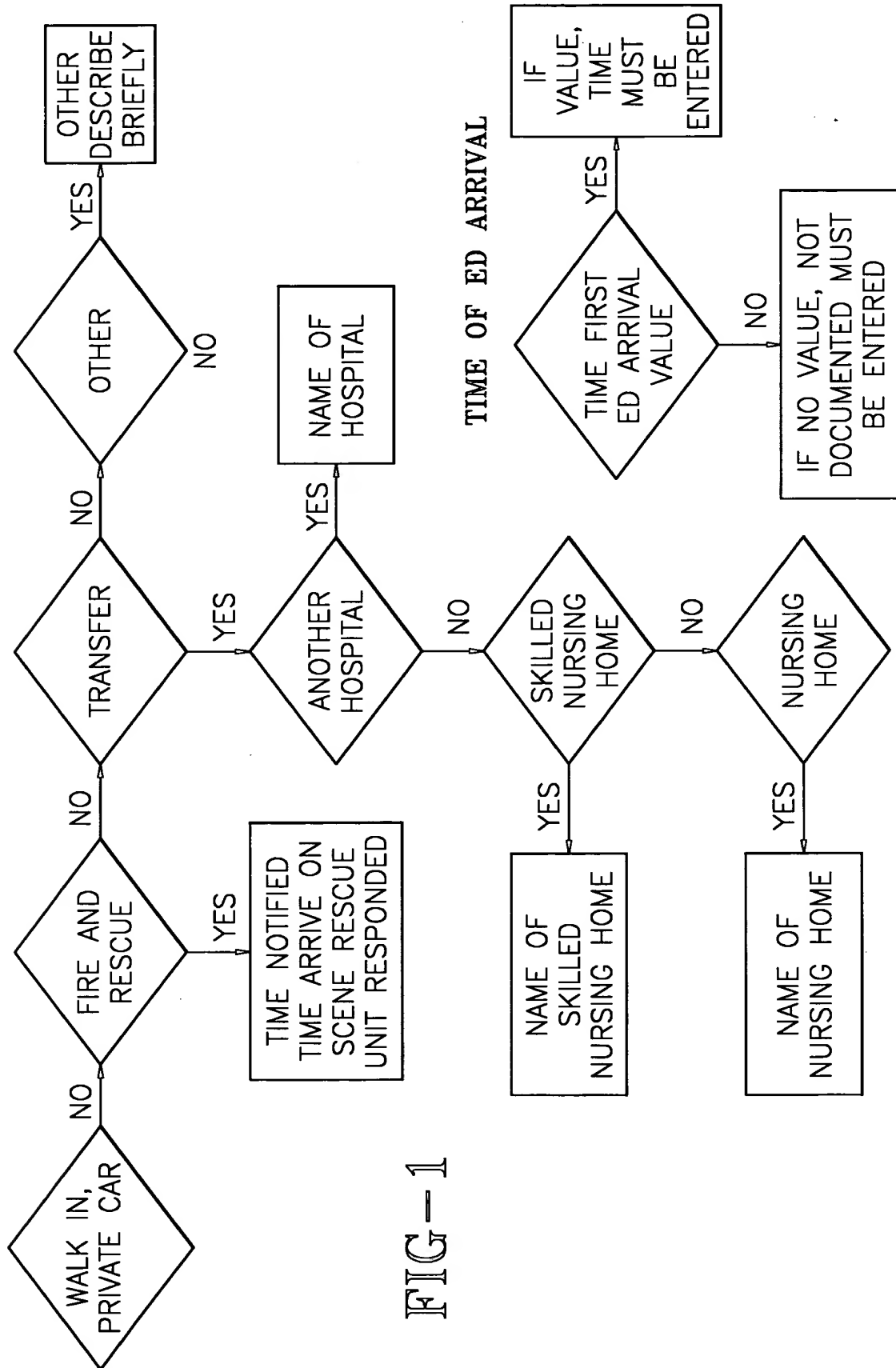
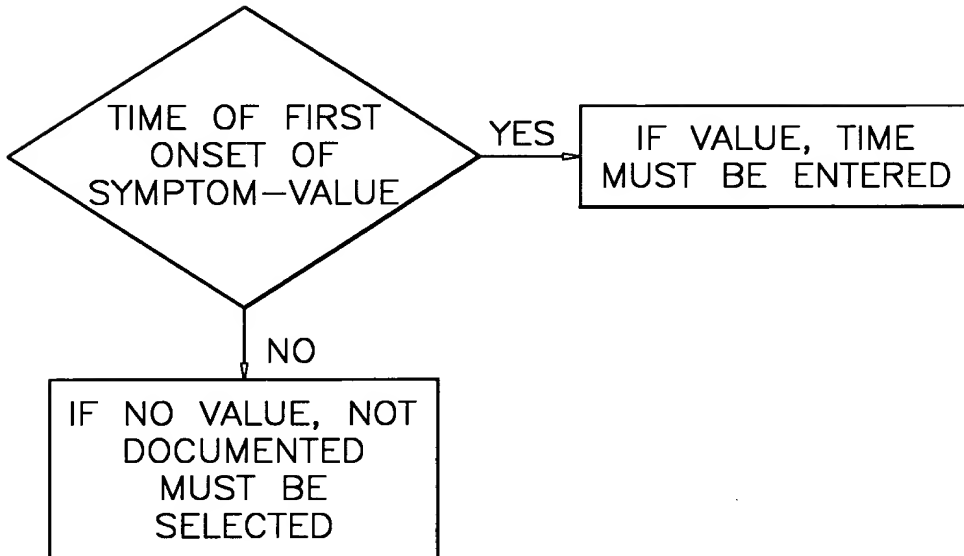


FIG-1

## PATIENT SYMPTOMS

### TIME OF FIRST ONSET



### DATE OF FIRST ONSET

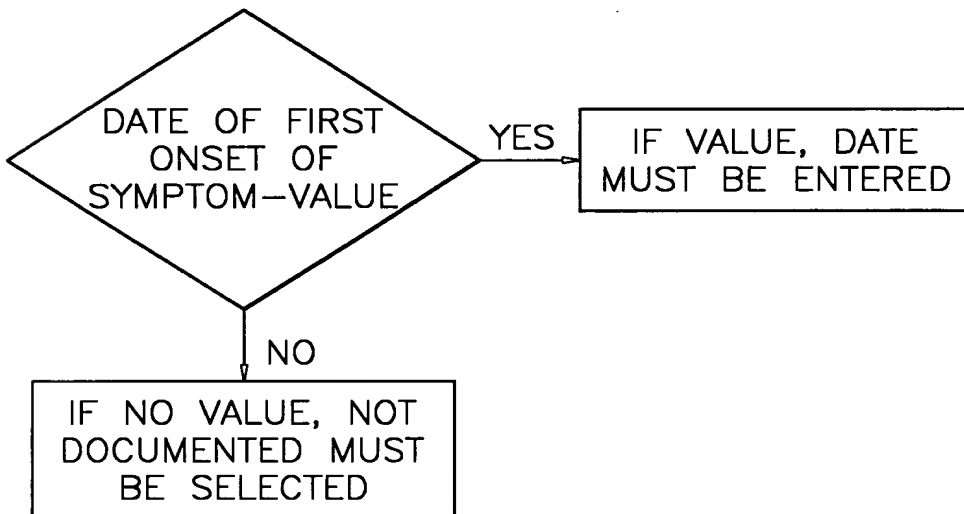
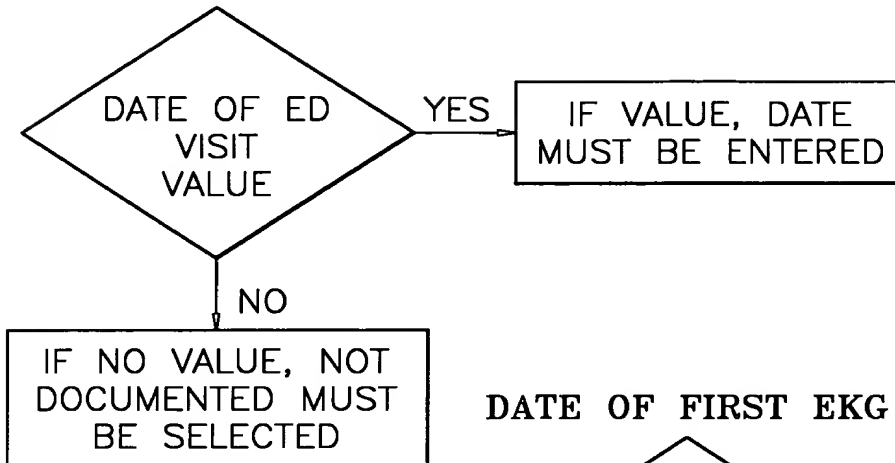


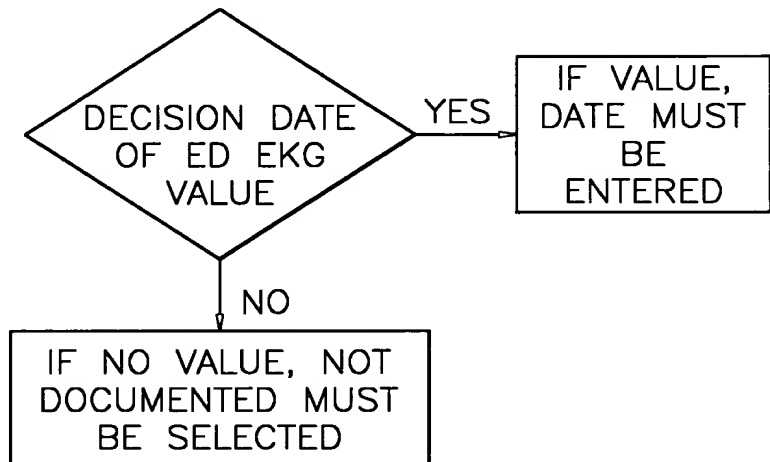
FIG-2

## TIME STAMP AND THE PATIENT CARE PROCESS

### DATE OF ED VISIT



### DATE OF FIRST EKG



### DATE EKG SEEN

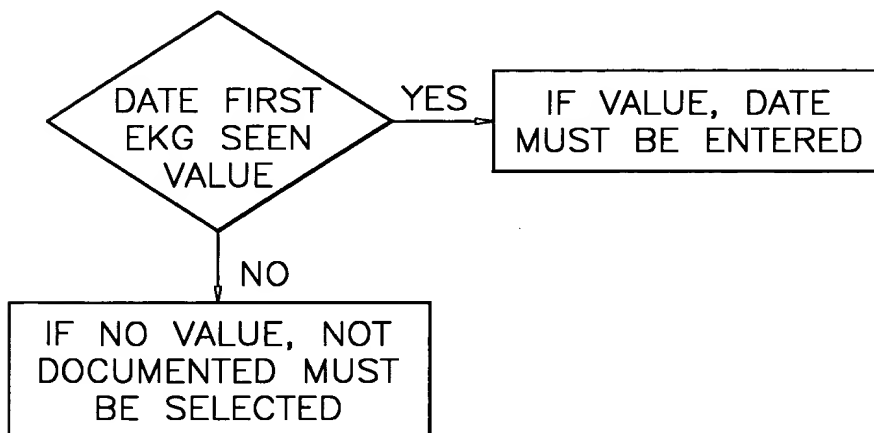
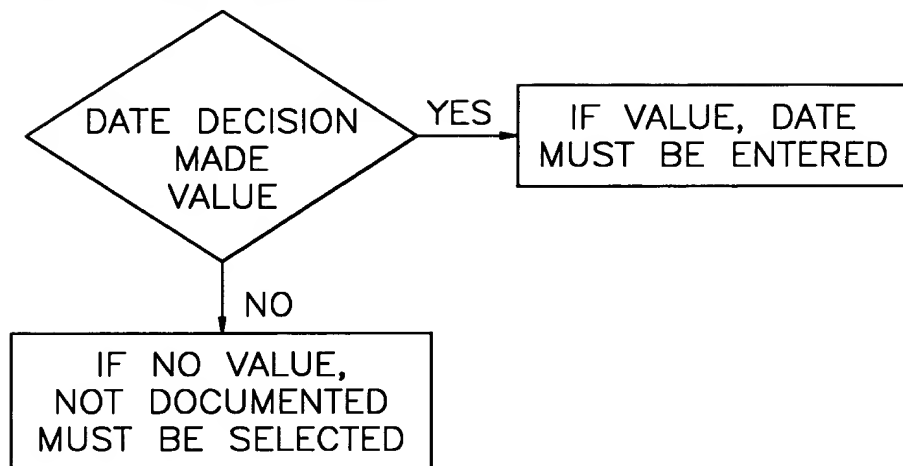
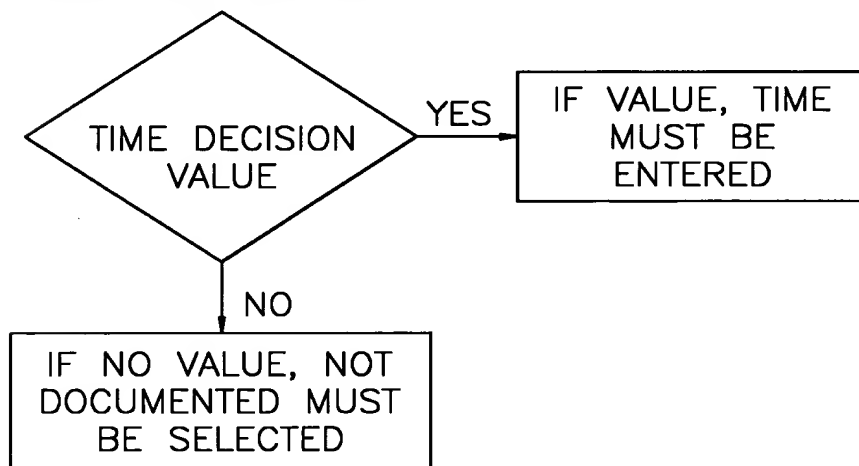


FIG-3

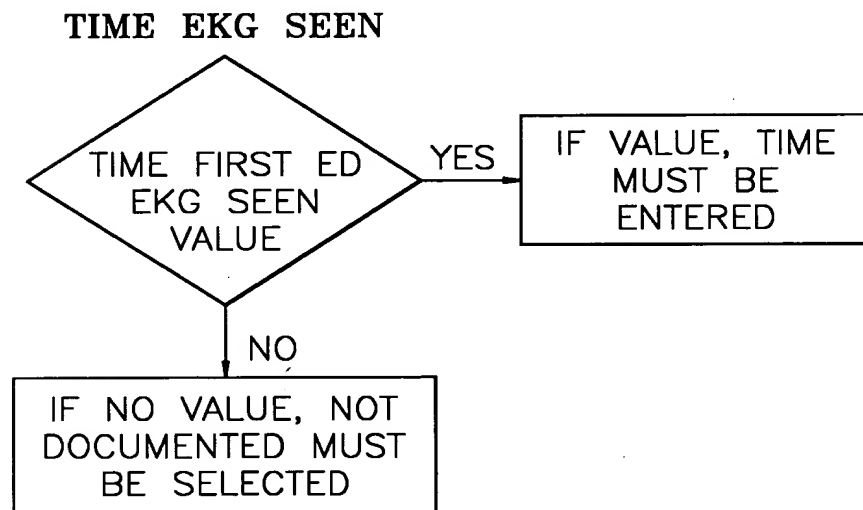
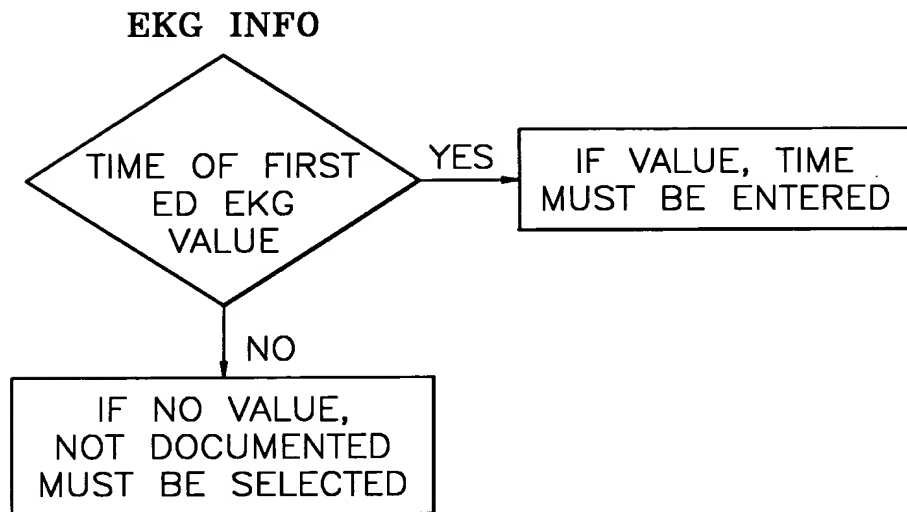
### DATE EKG DECISION



### TIME EKG DECISION



**FIG-3A**



**FIG-3B**

# DIAGNOSTIC ACUTE ISCHEMIA/INFARCTION

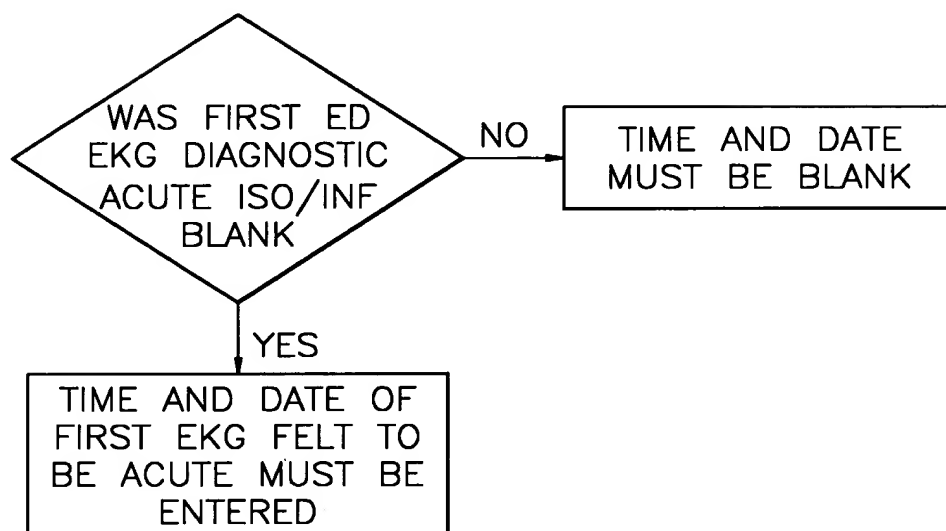


FIG-4

## REPERFUSION STRATEGY

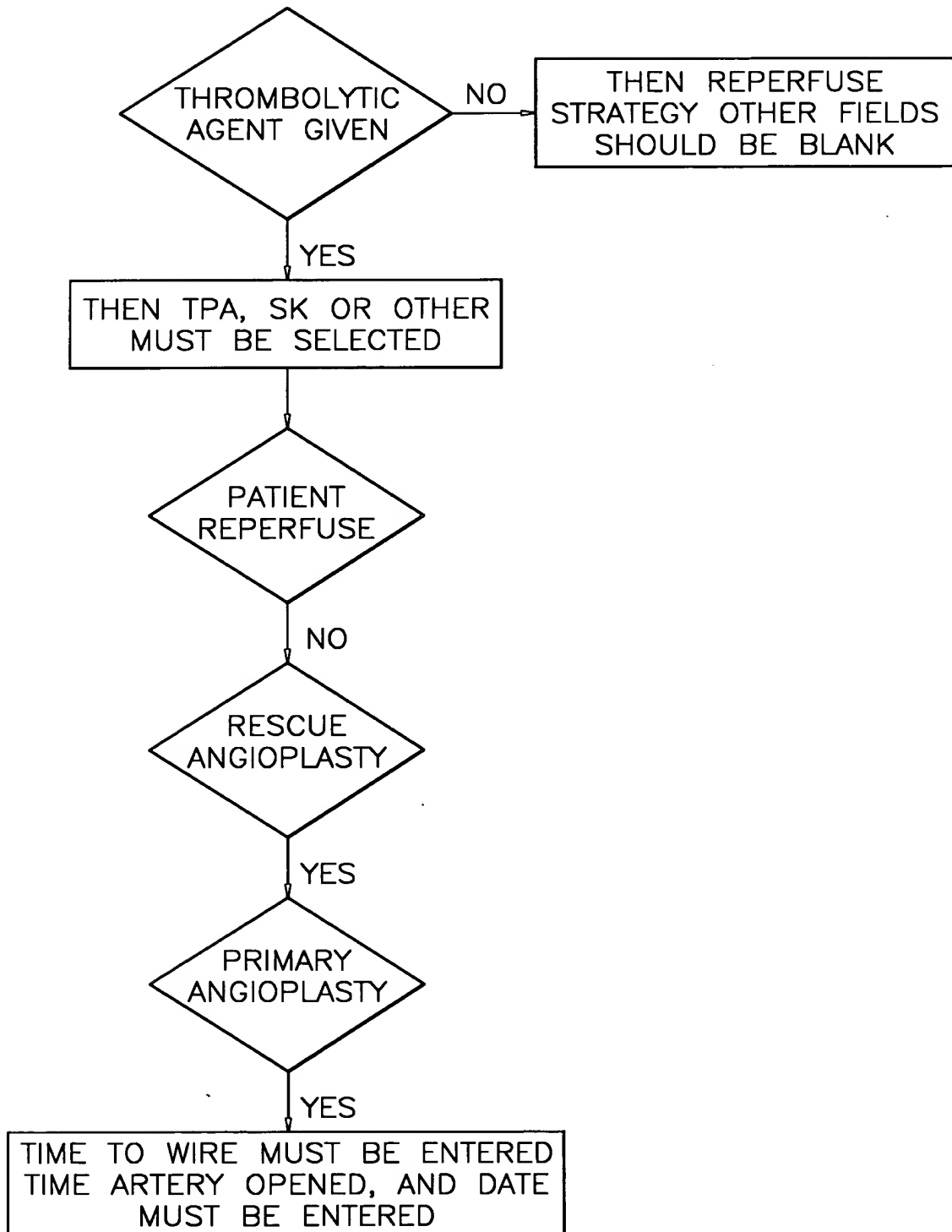


FIG-5

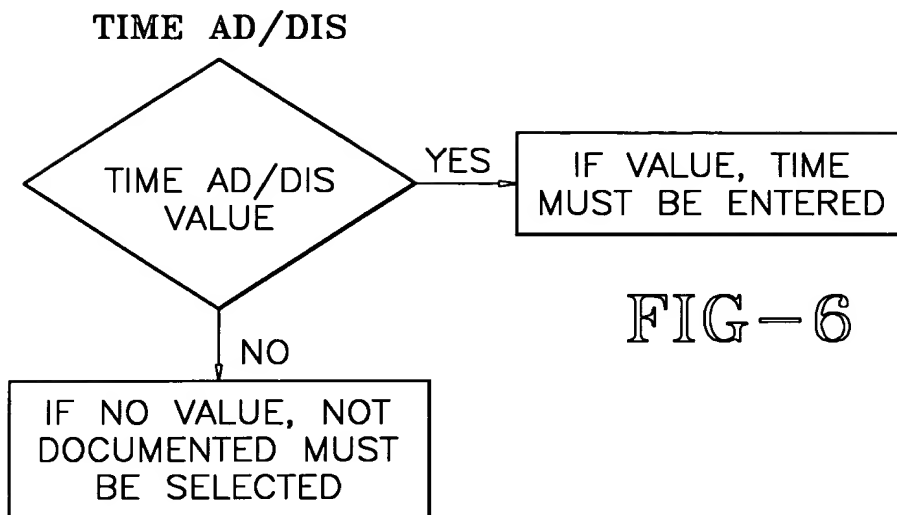


FIG-6

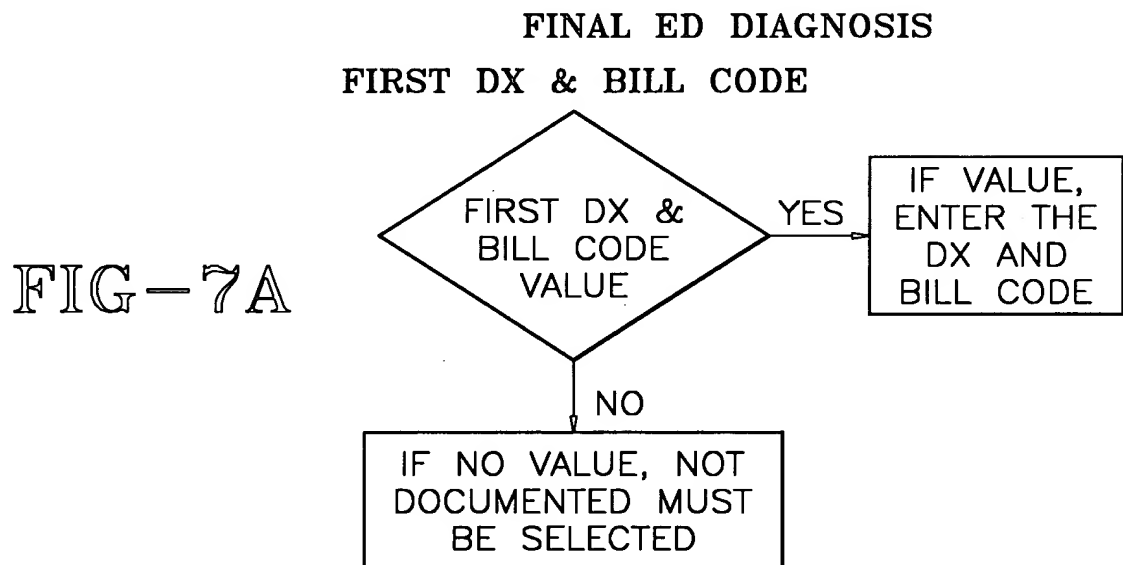


FIG-7A

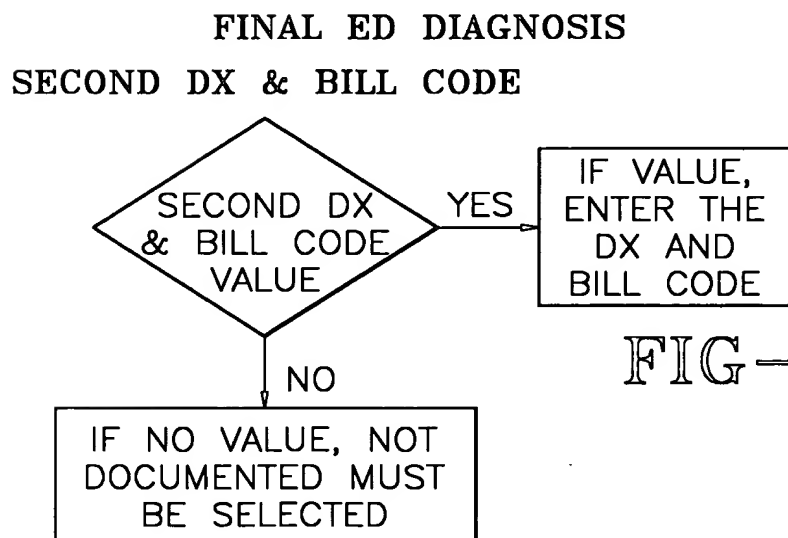


FIG-7B



PATIENT DISPOSITION FROM EMERGENCY

FINAL HOSPITAL DIAGNOSIS

FIRST DX & DRG

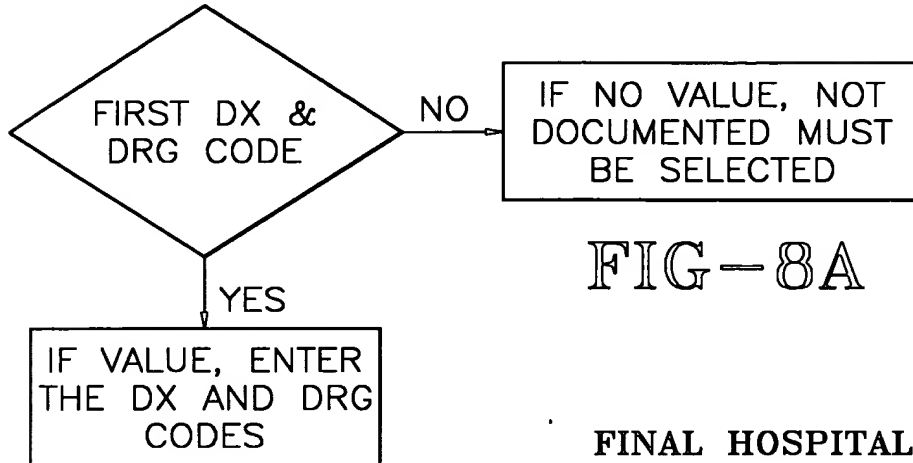


FIG-8A

FINAL HOSPITAL DIAGNOSIS

SECOND DX & DRG

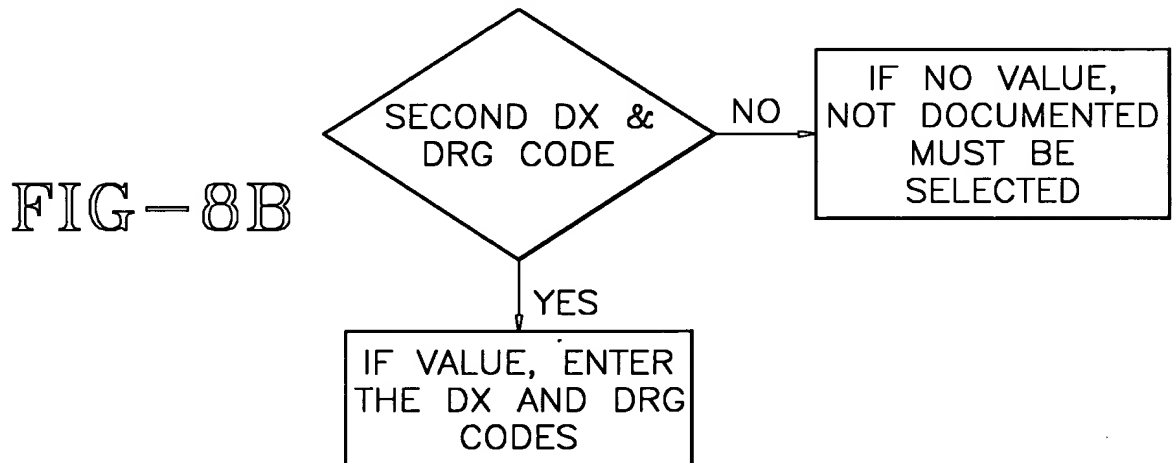


FIG-8B

FINAL HOSPITAL DIAGNOSIS

THIRD DX & DRG

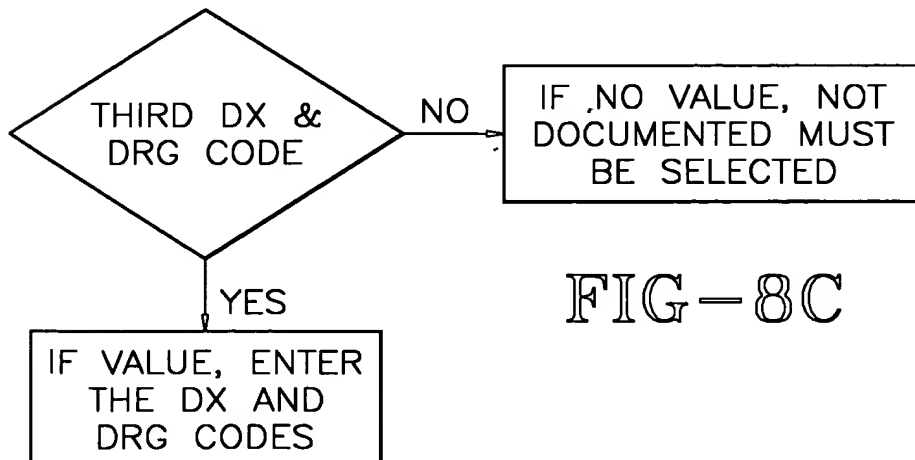


FIG-8C

# PRIMARY CARE PHYSICIAN (PCP)

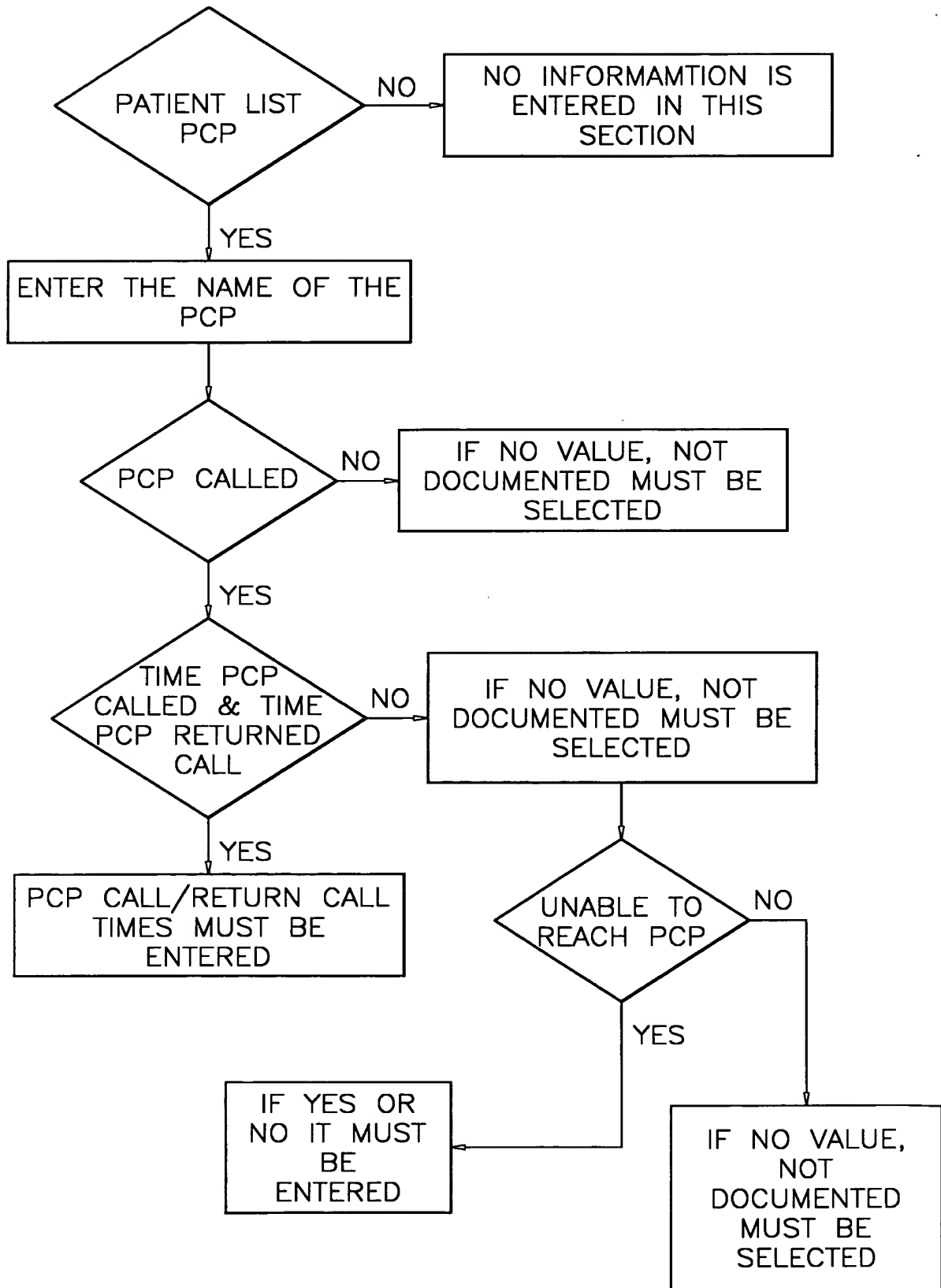


FIG-9A

## CARDIOLOGIST

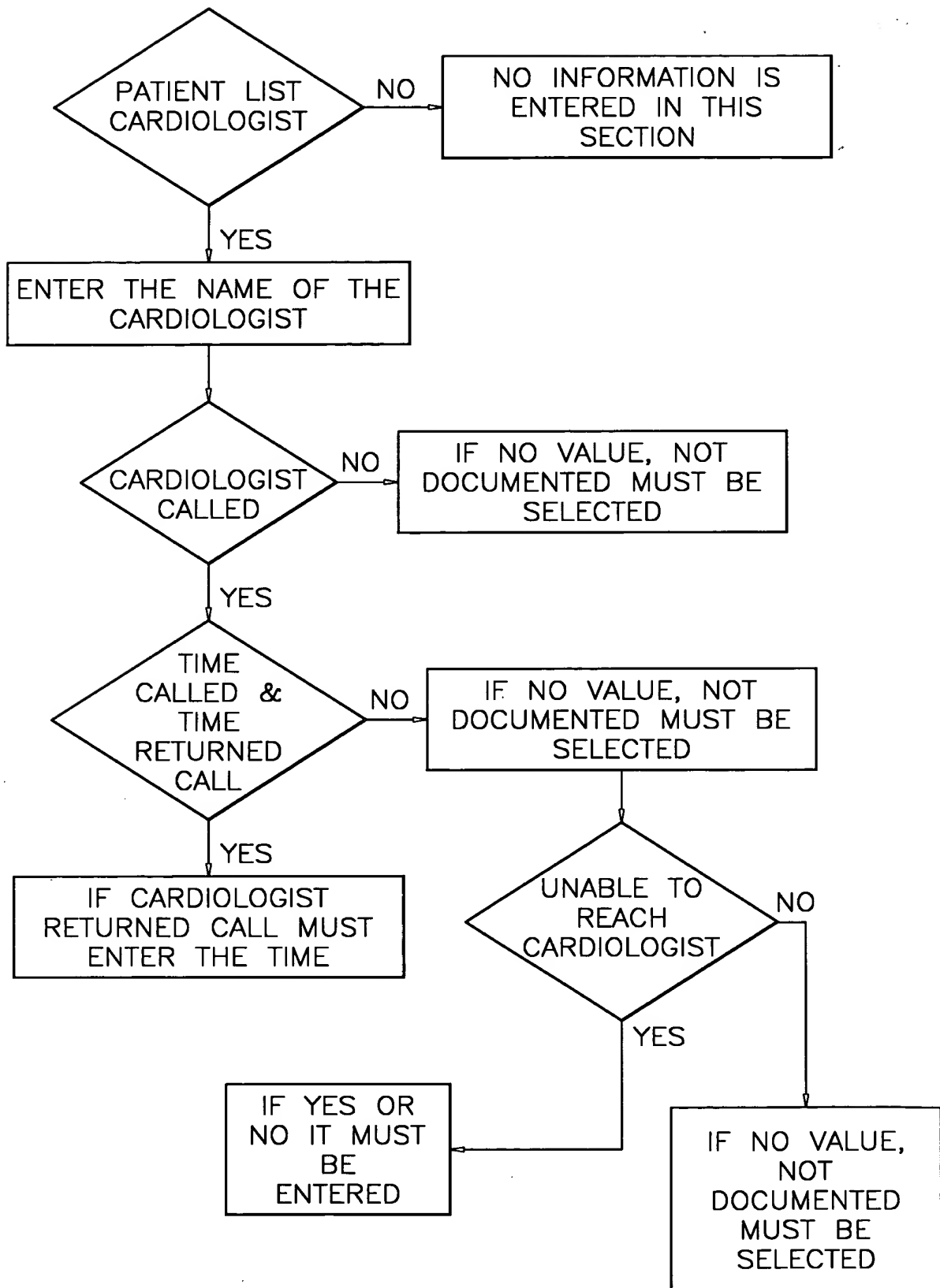


FIG-9B

# NO PHYSICIAN LISTED

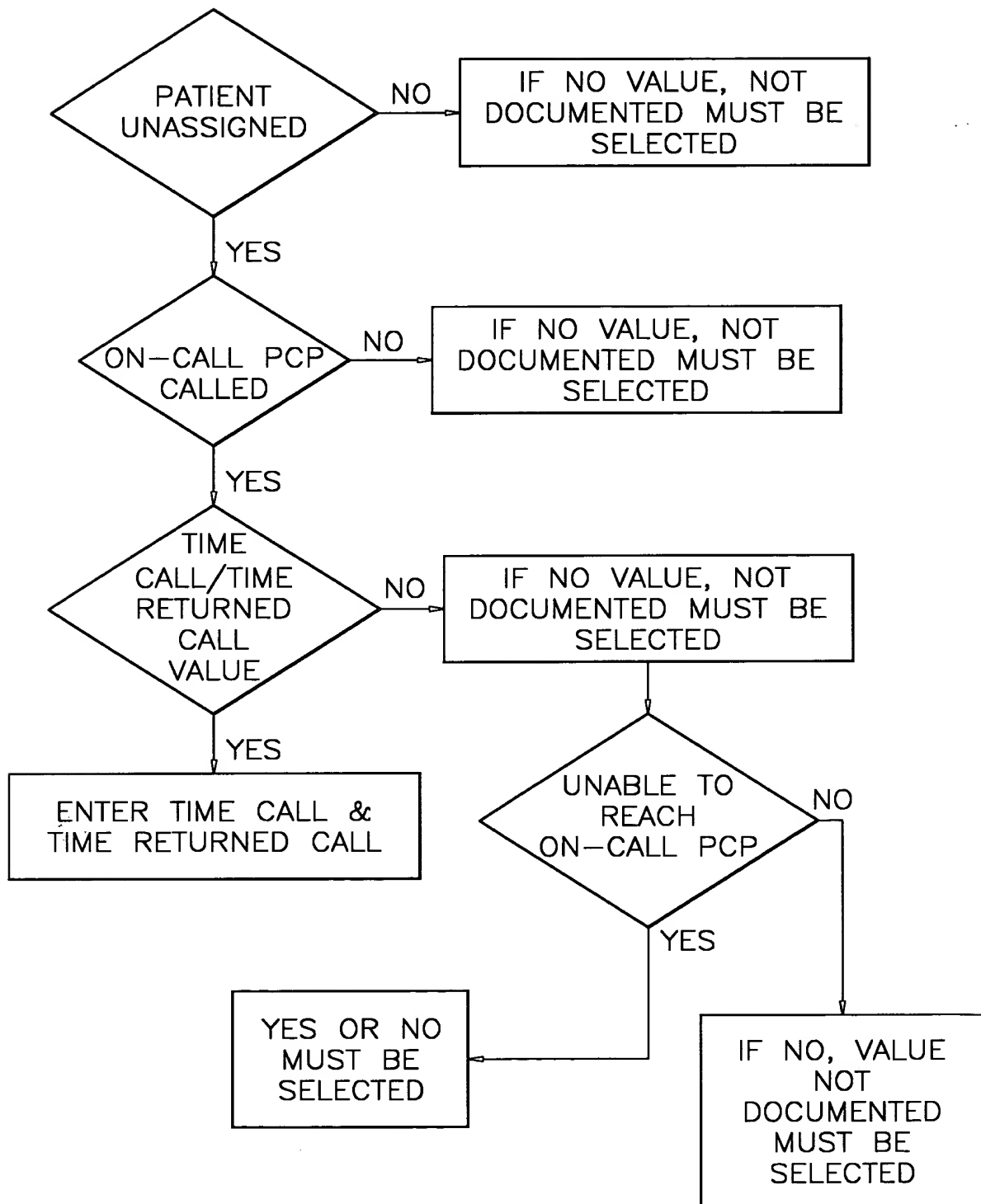


FIG-9C

## CARDIO BIOMAKERS

### MYOGLOBIN TESTING

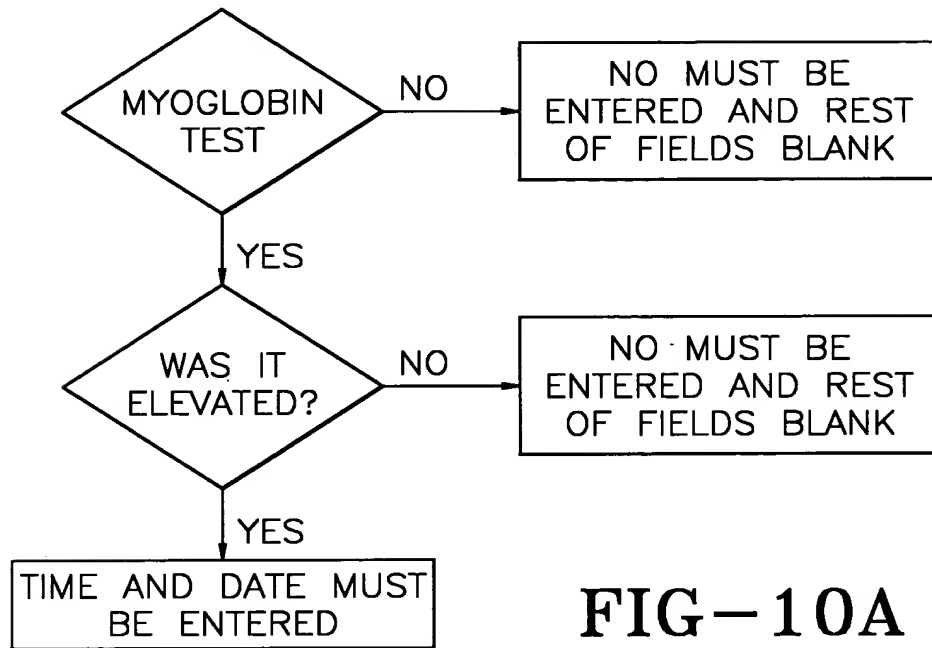


FIG-10A

### CREATINE MB(CK-MB) TEST

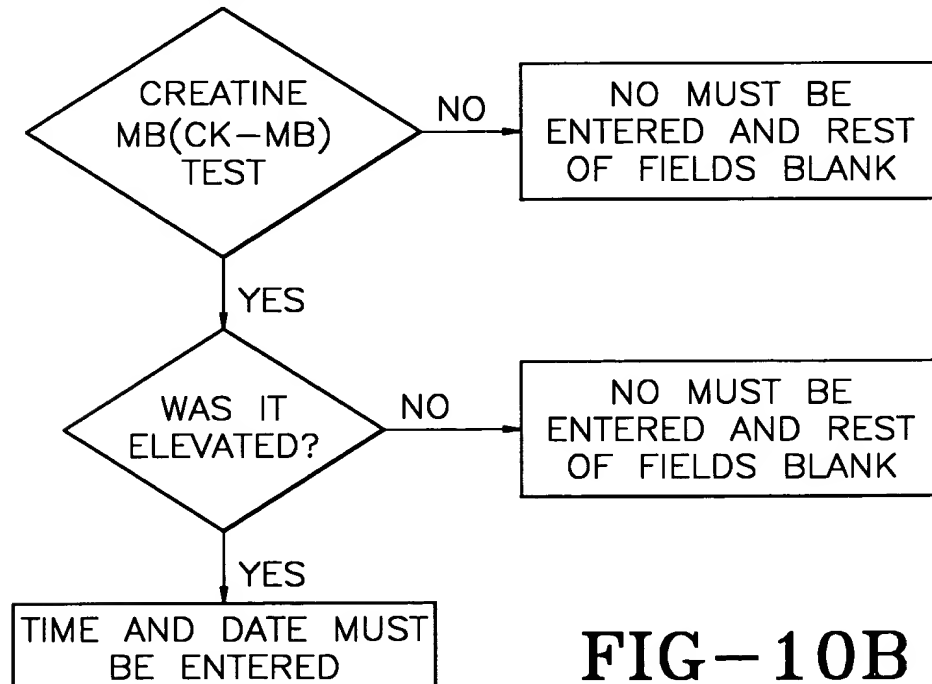


FIG-10B

## CARDIO BIOMAKERS

### CREATINE (CPK OR CK)

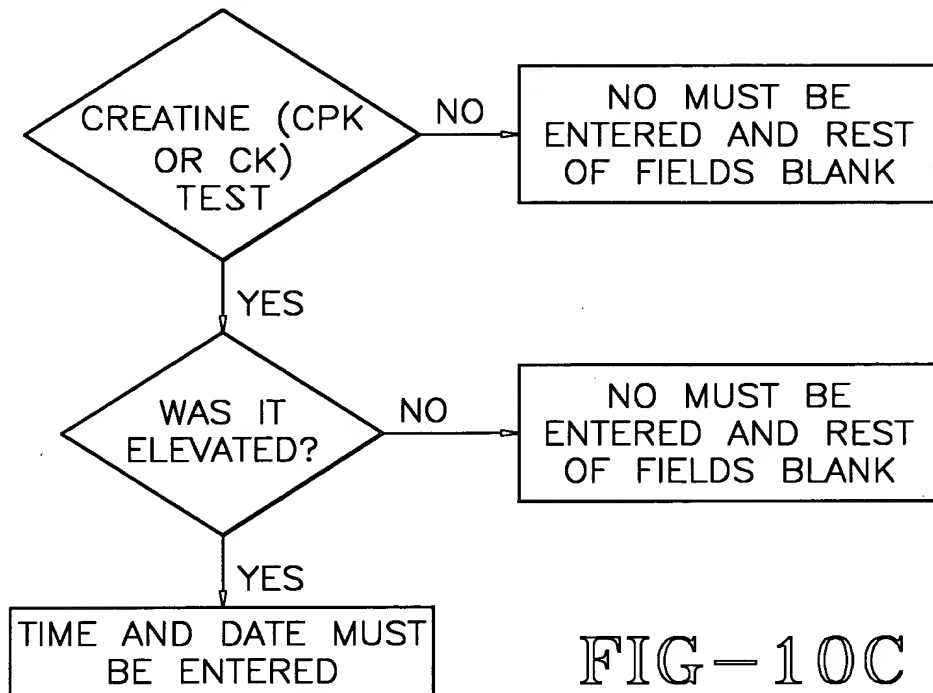


FIG-10C

### TROPONIN TESTING

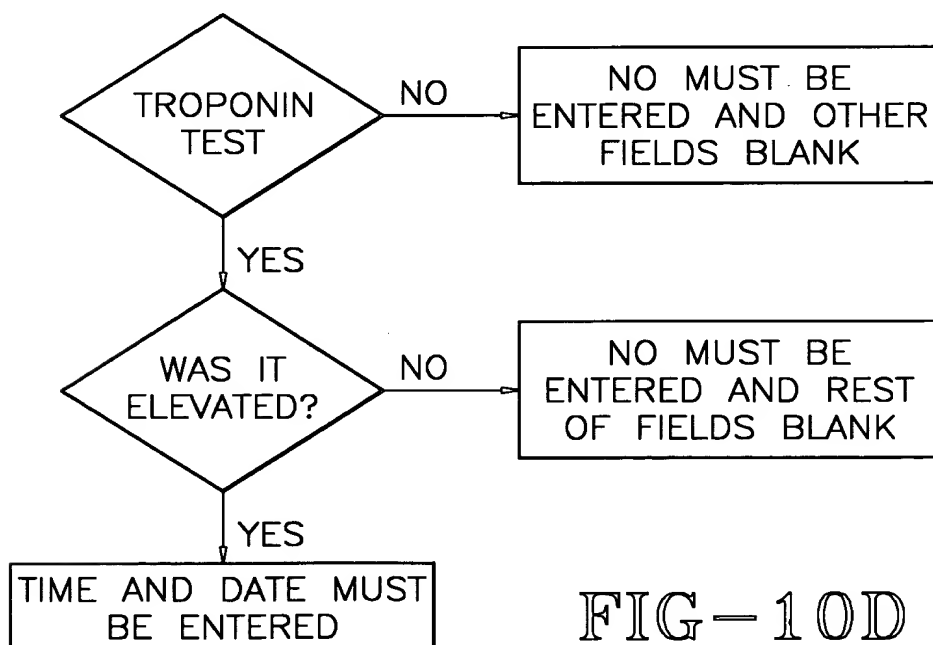


FIG-10D

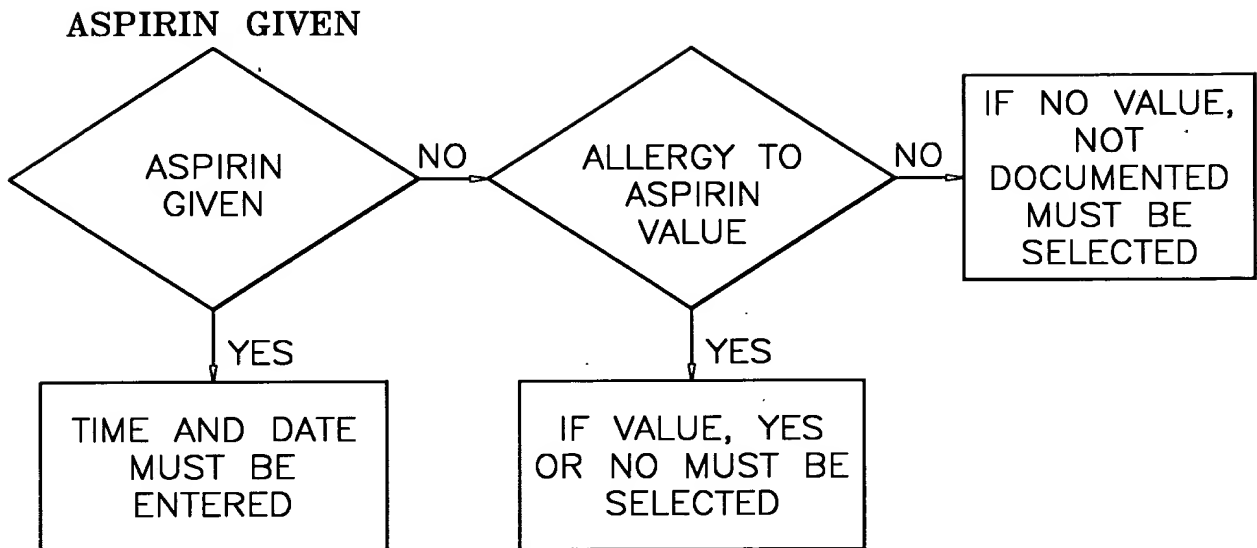


FIG-11A

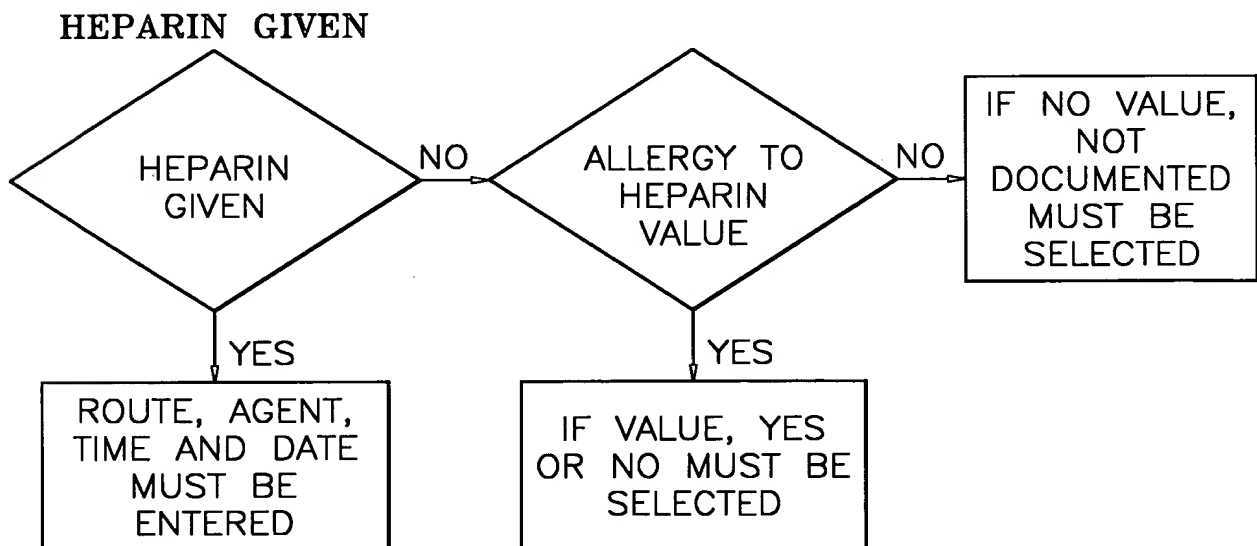
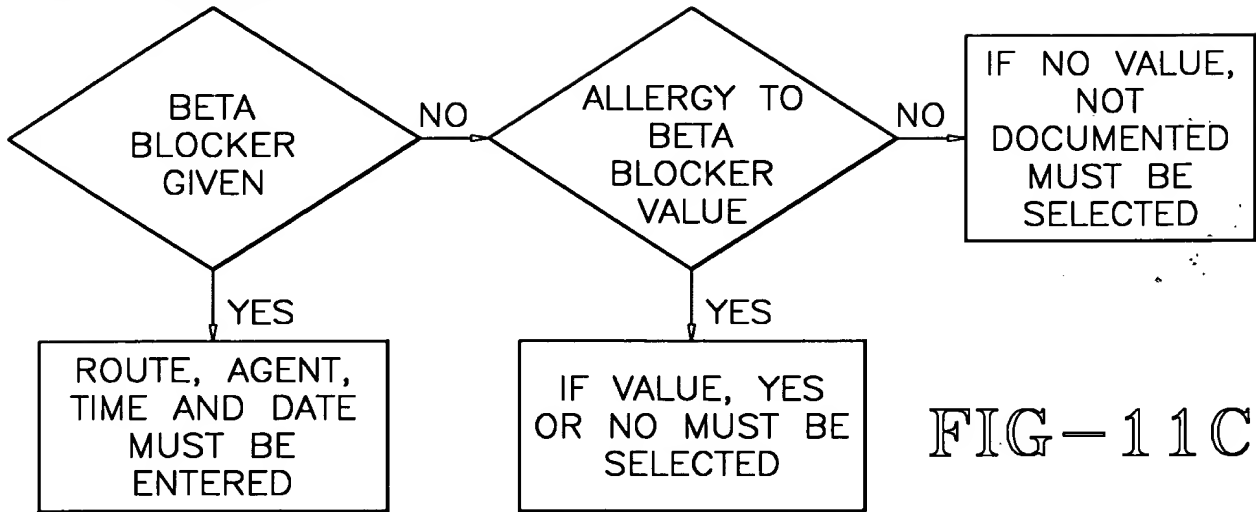


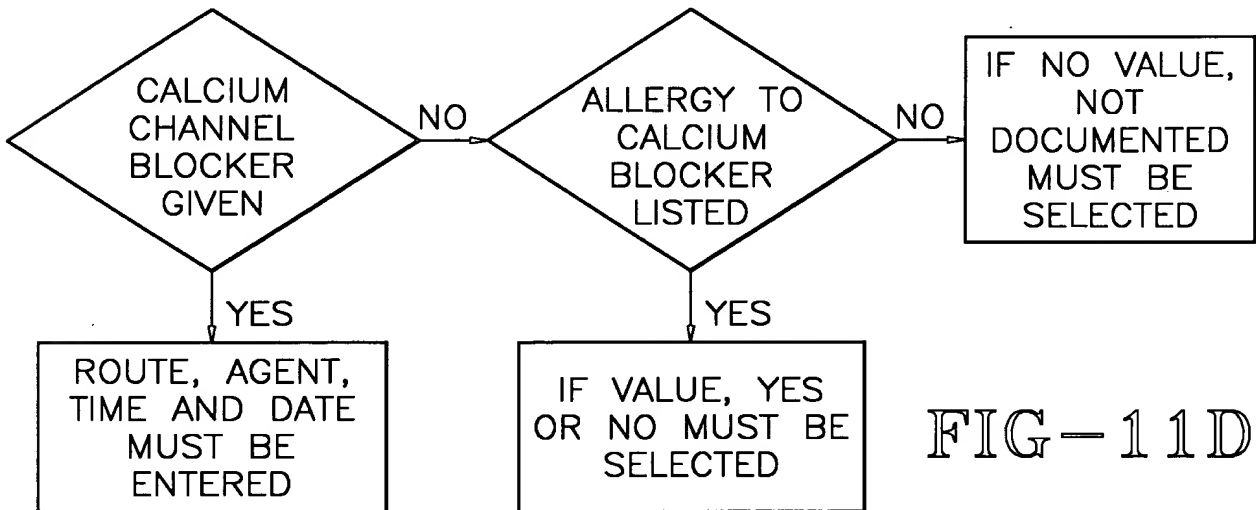
FIG-11B

**BETA BLOCKER GIVEN**



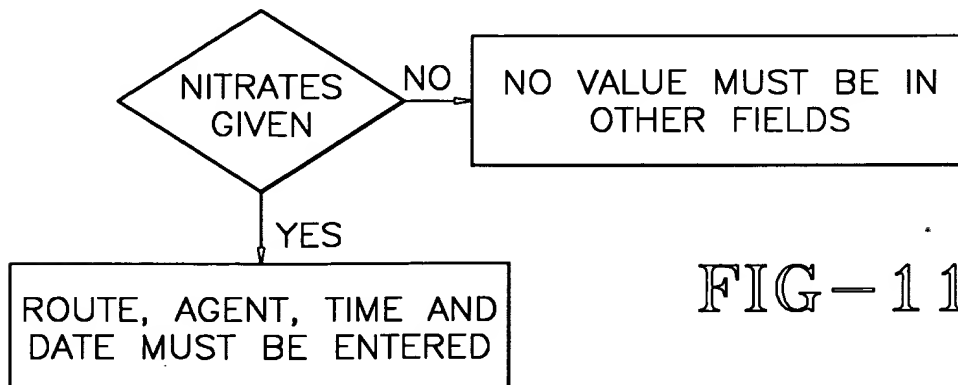
**FIG-11C**

**CALCIUM CHANNEL BLOCKER GIVEN**



**FIG-11D**

**NITRATES GIVEN**



**FIG-11E**



## OTHER TESTING

### STRESS TEST

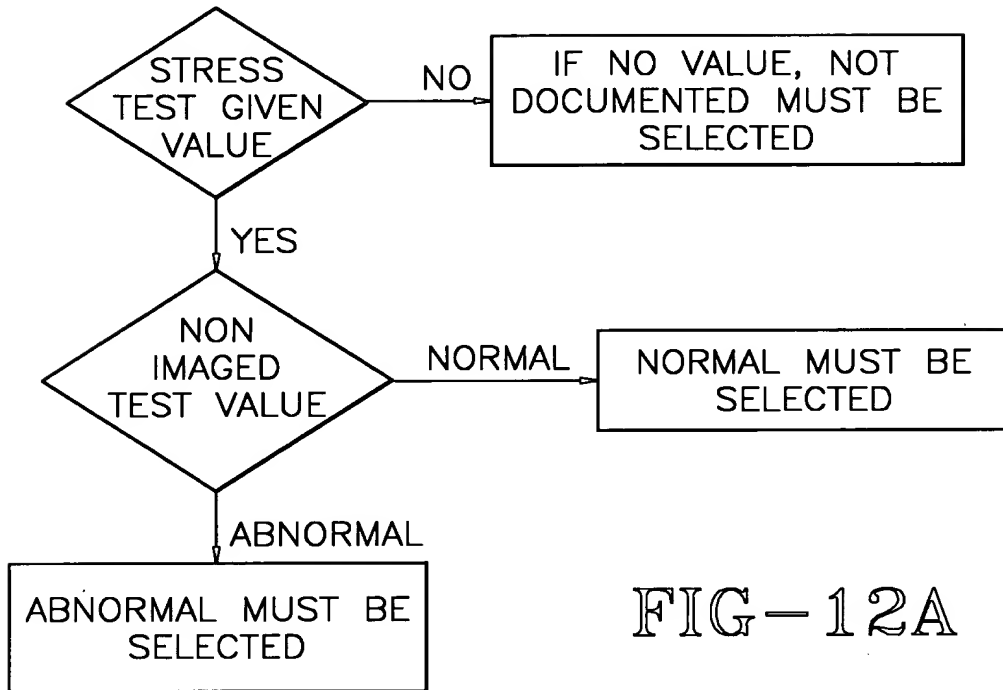


FIG-12A

### NUCLEAR IMAGED STRESS

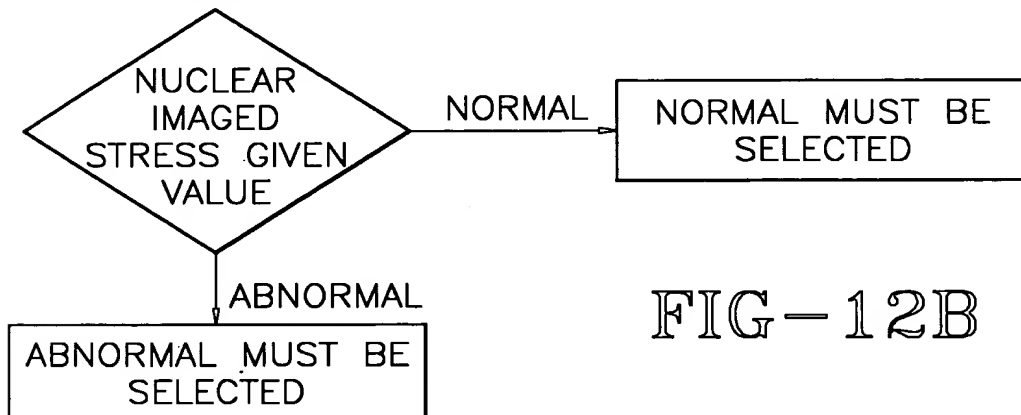


FIG-12B

### STRESS ECHO TEST

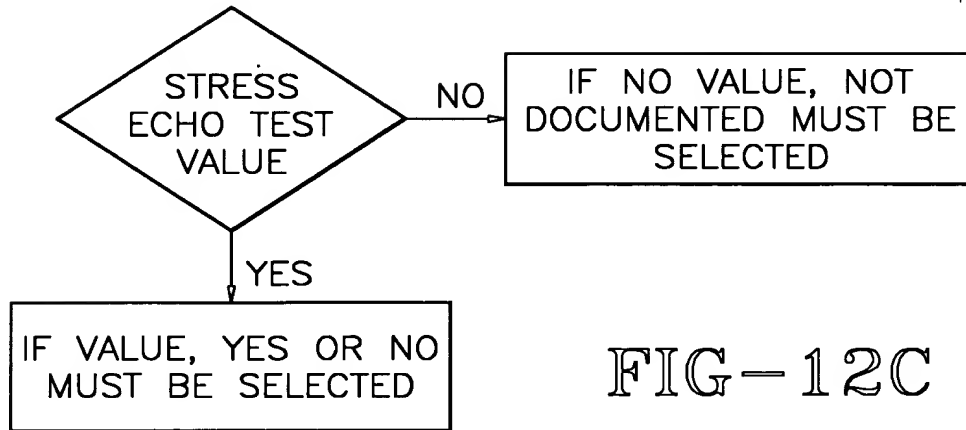


FIG-12C

### HEART CATH

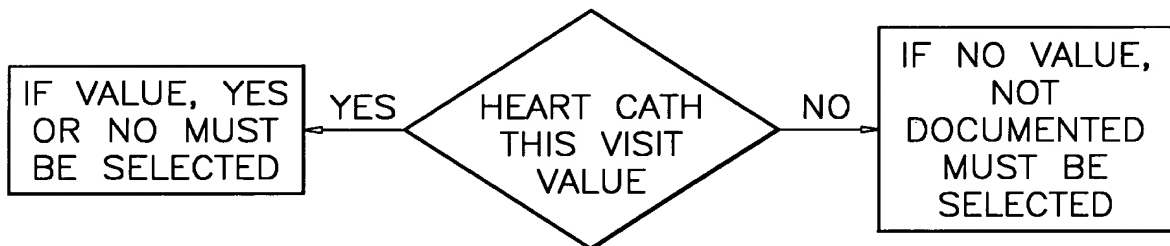


FIG-12D

### TRANSFER FOR HEART CATH

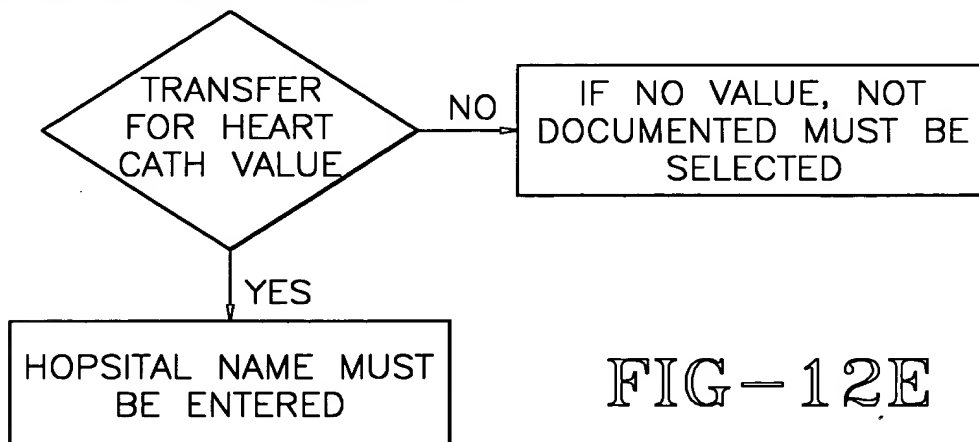
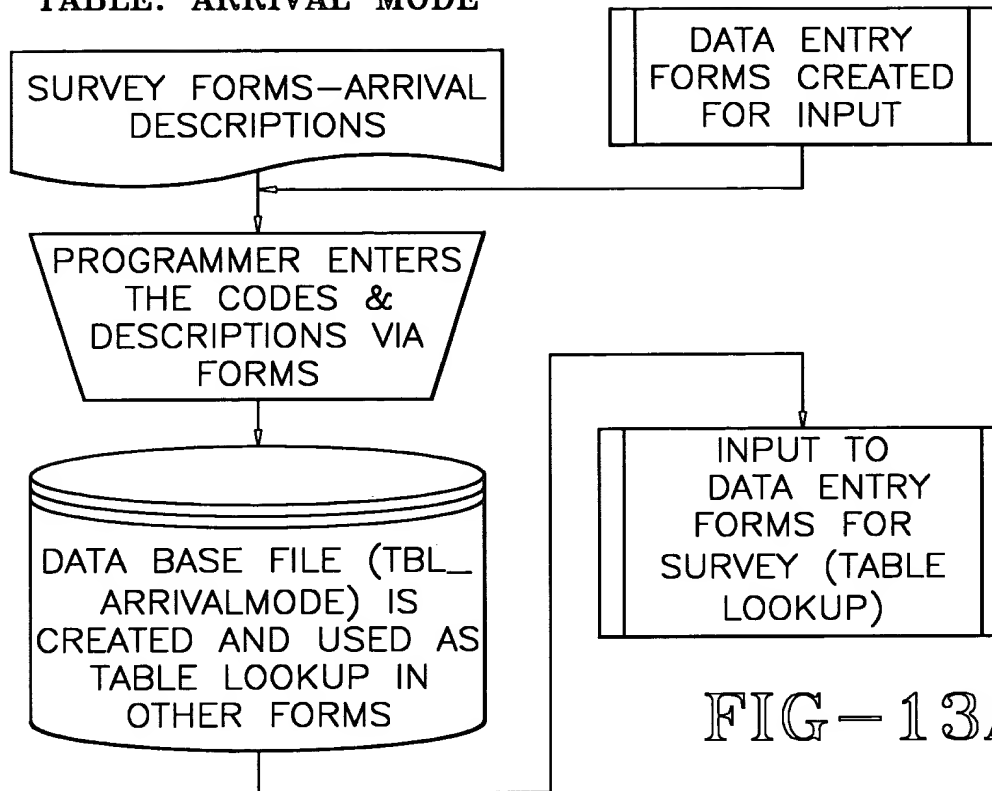


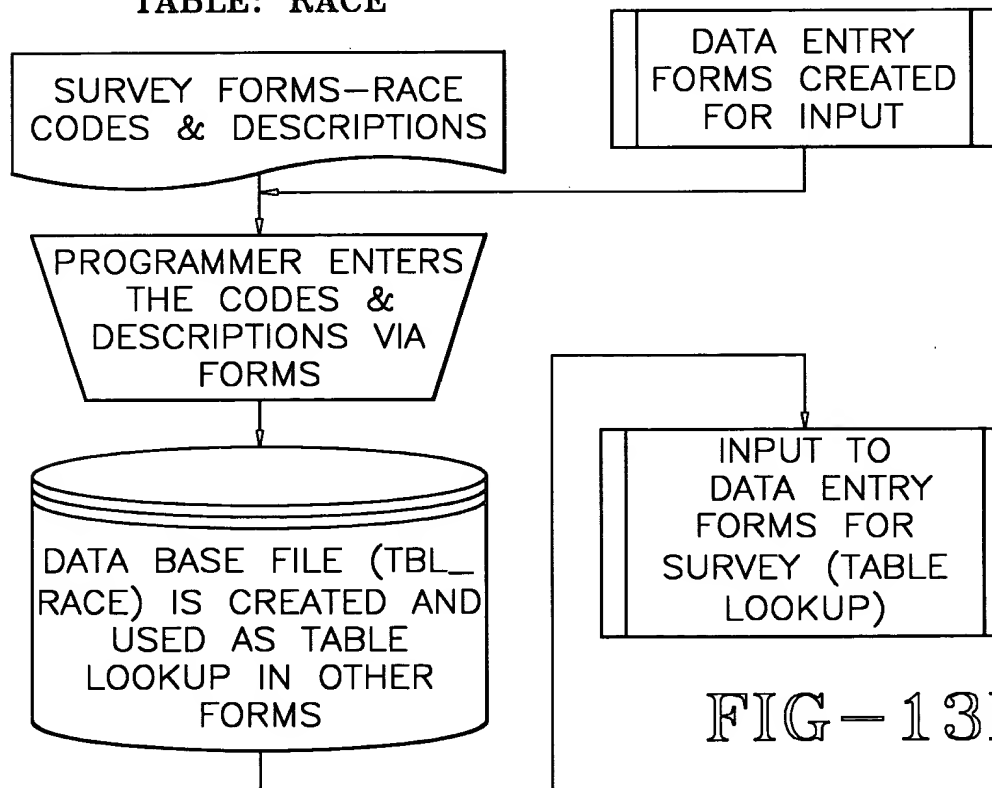
FIG-12E

**TABLE: ARRIVAL MODE**



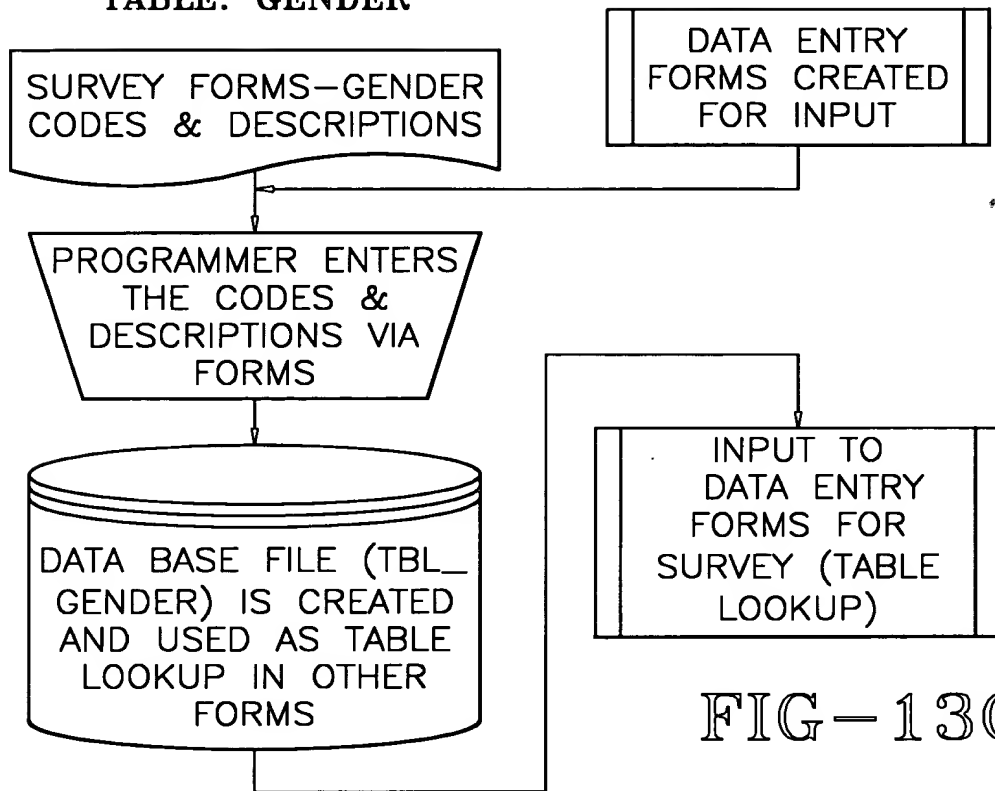
**FIG-13A**

**TABLE: RACE**



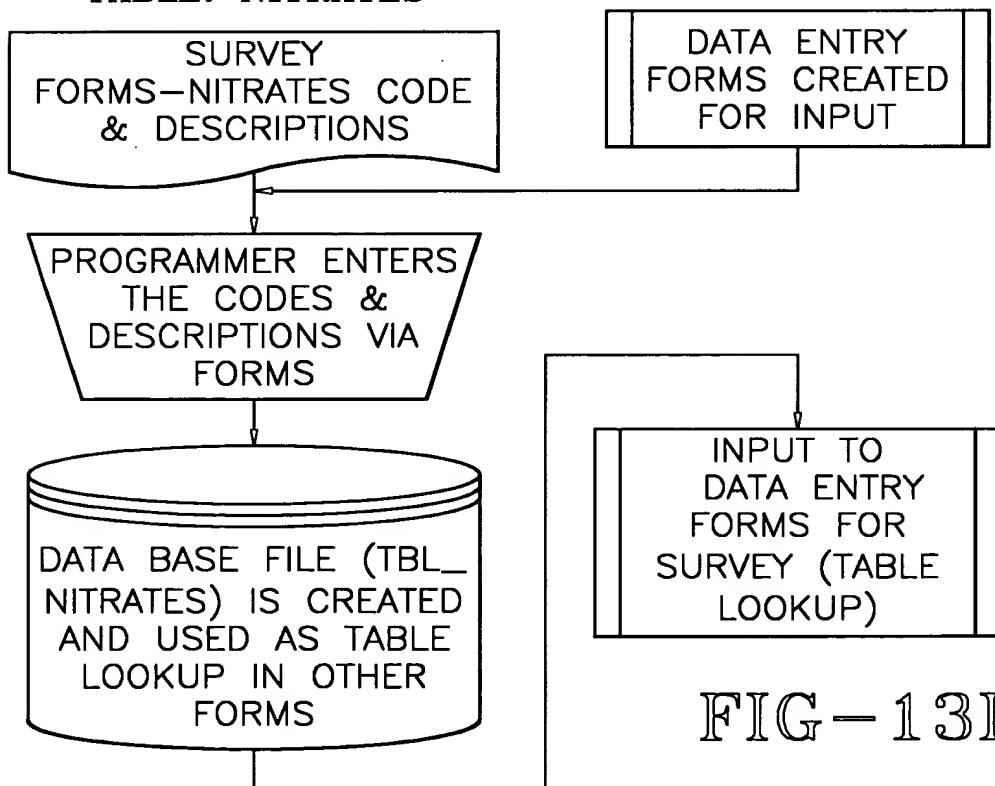
**FIG-13B**

**TABLE: GENDER**



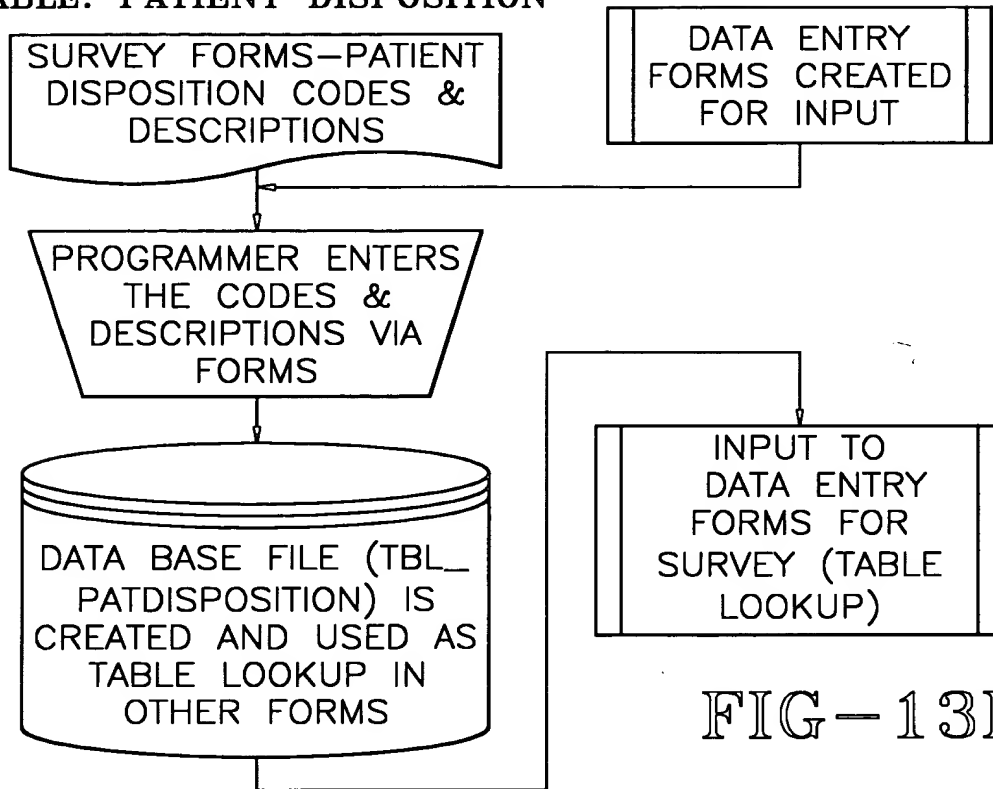
**FIG-13C**

**TABLE: NITRATES**



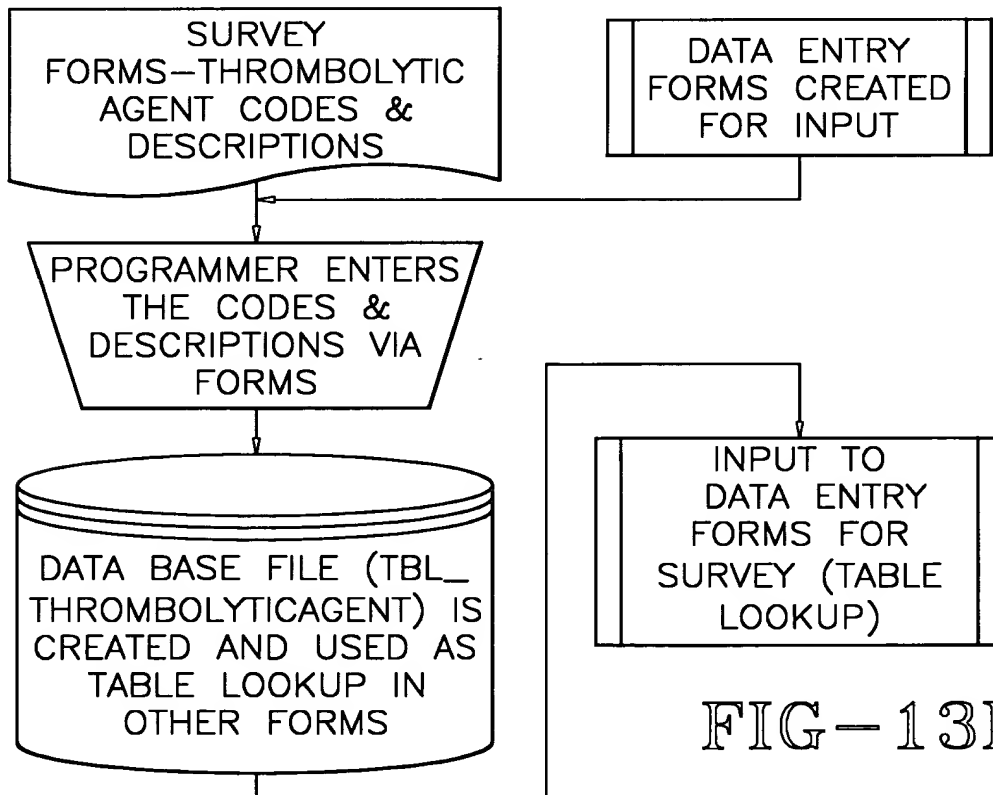
**FIG-13D**

**TABLE: PATIENT DISPOSITION**



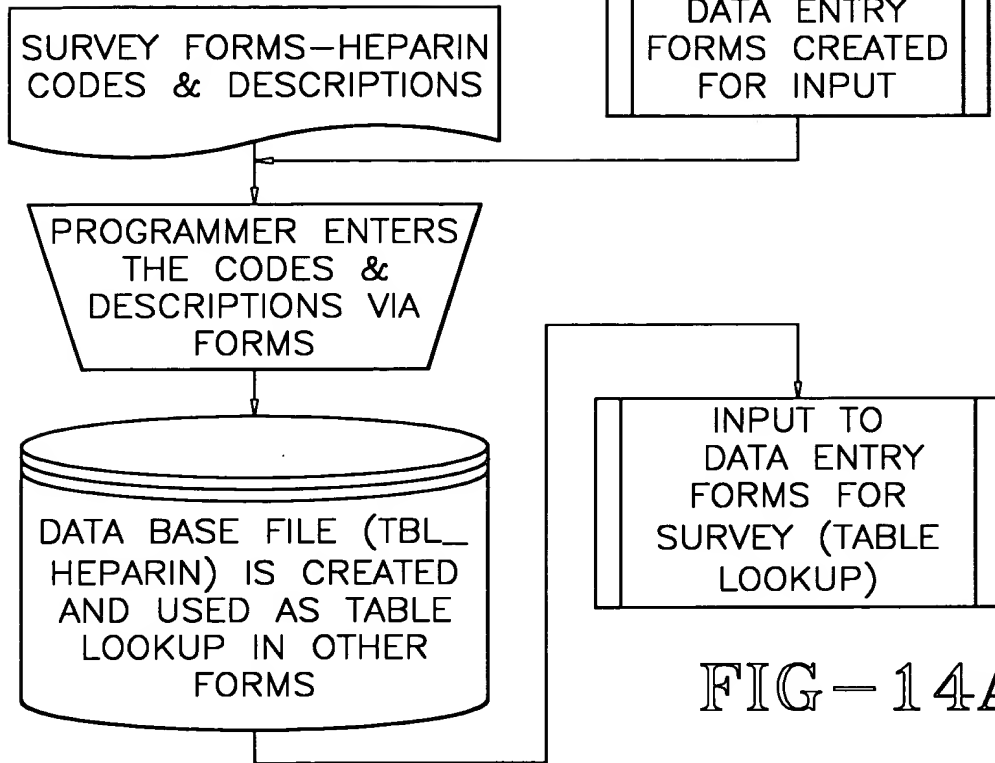
**FIG-13E**

**TABLE: THROMBOLYTIC AGENT**



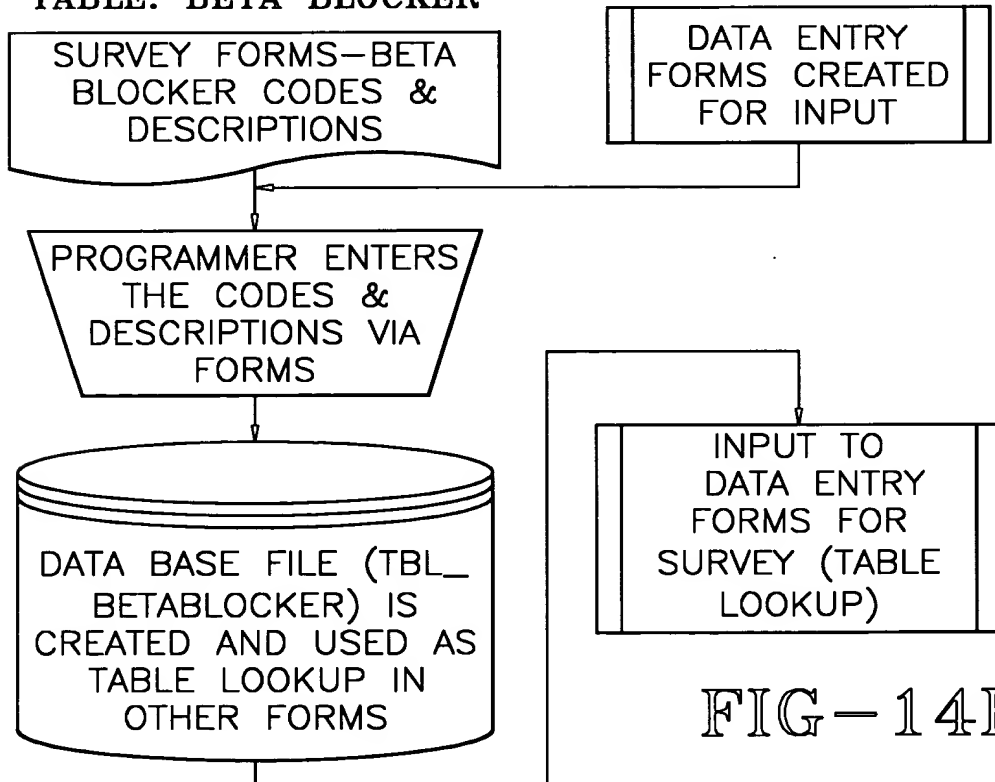
**FIG-13F**

**TABLE: HEPARIN**



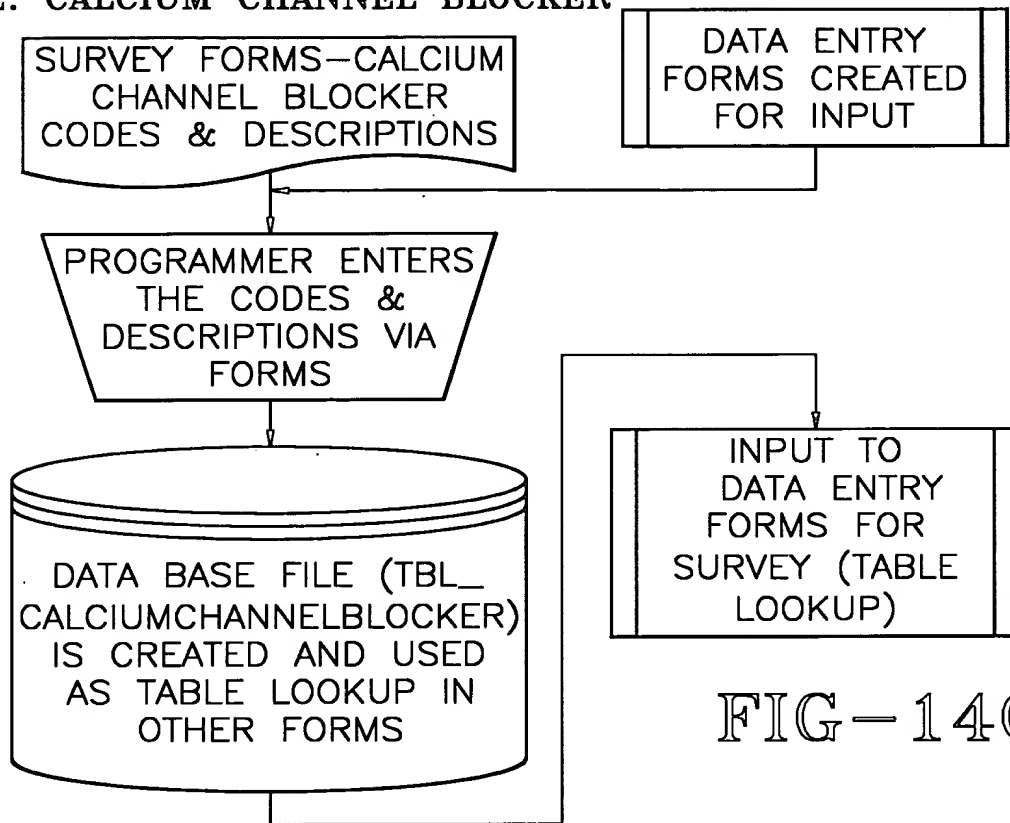
**FIG-14A**

**TABLE: BETA BLOCKER**



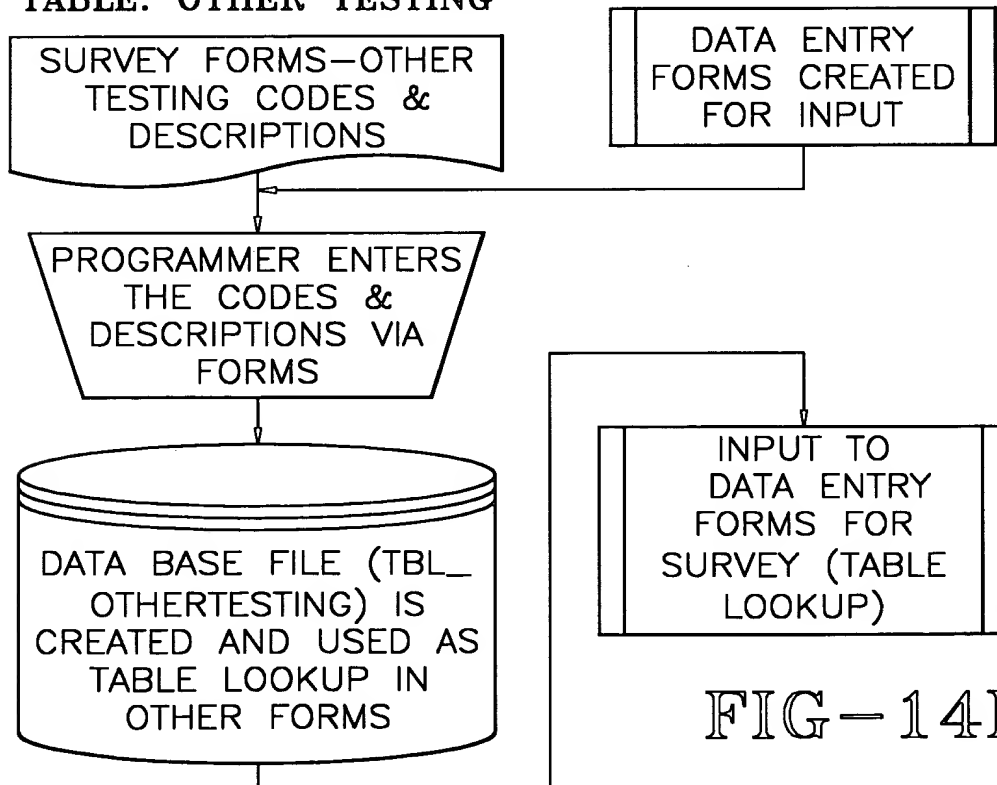
**FIG-14B**

**TABLE: CALCIUM CHANNEL BLOCKER**



**FIG-14C**

**TABLE: OTHER TESTING**



**FIG-14D**

TABLE: ED EKG CATEGORY DESCRIPTIONS

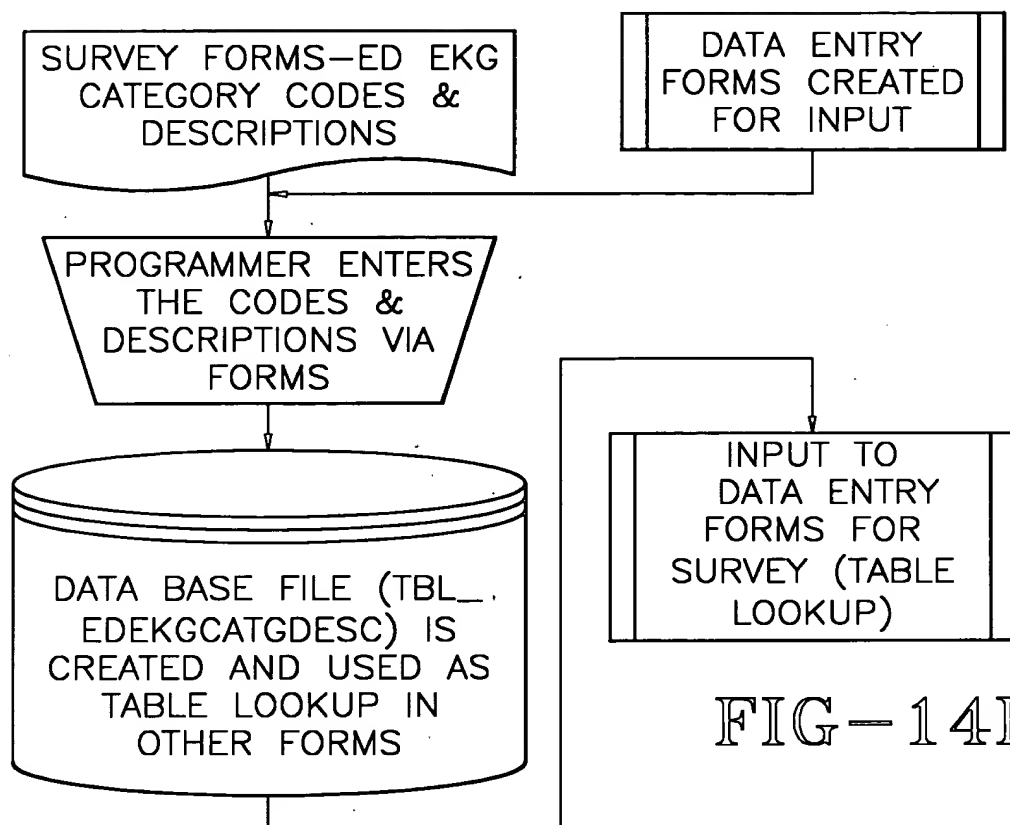


FIG-14E

TABLE: COUNTER

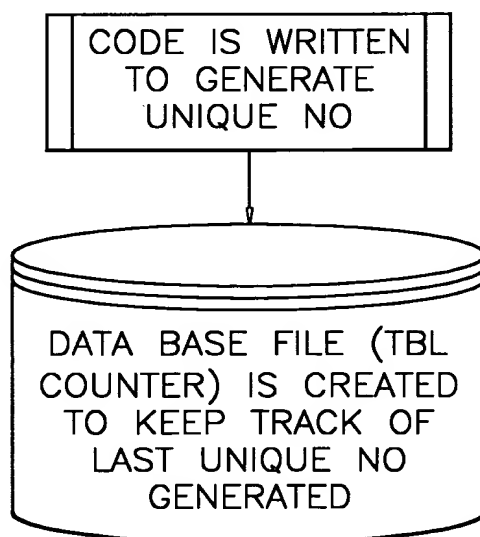
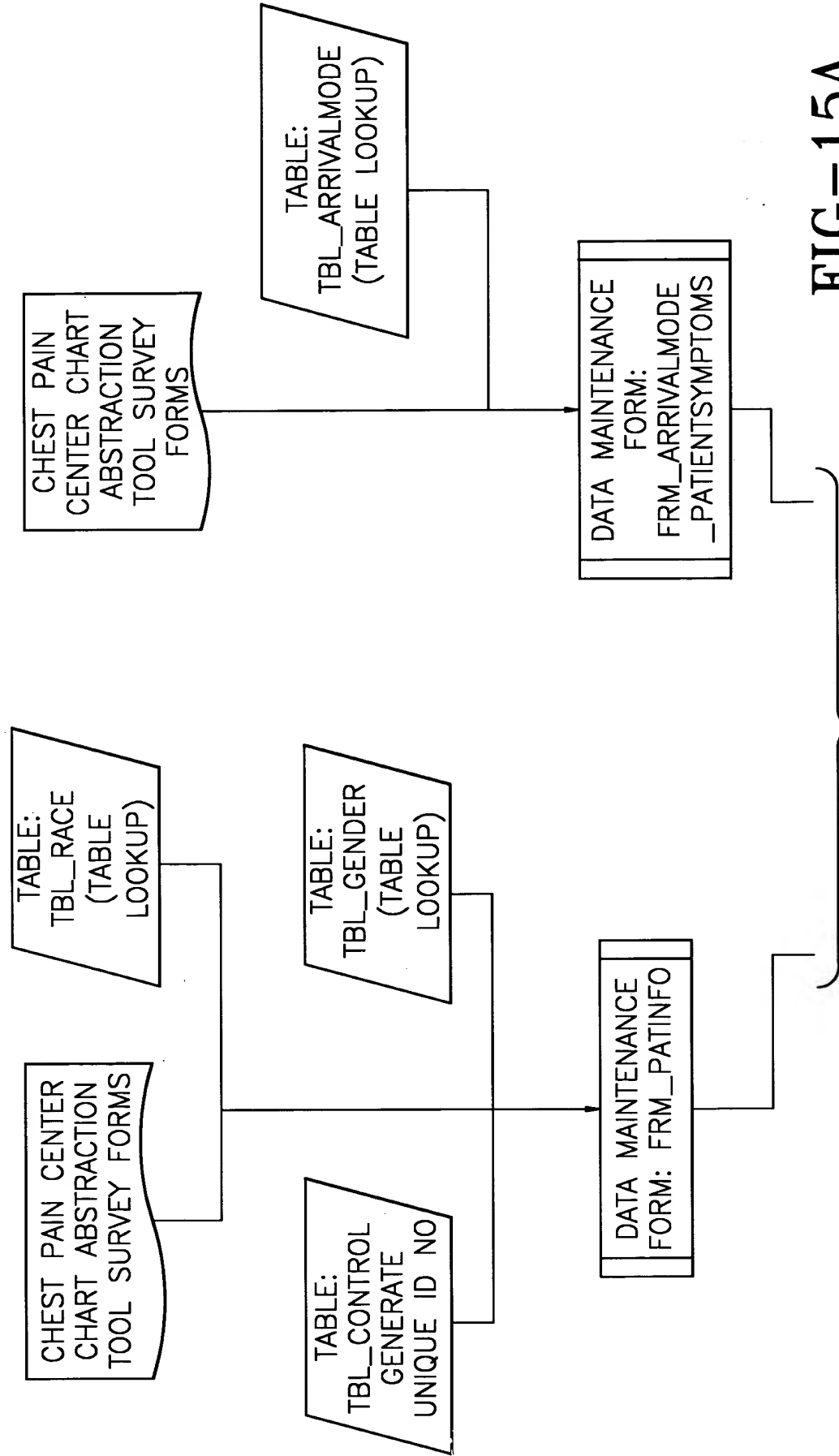


FIG-14F



PATIENT INFORMATION

MODE OF ARRIVAL & PATIENT SYMPTOMS



TO FIG-15B

FIG-15A

FROM FIG-15A

REPERFUSION STRATEGY

CHEST PAIN CENTER  
CHART ABSTRACTION  
TOOL SURVEY FORMS

TABLE:  
TBL\_THROMBOLYTIC  
(TABLE LOOKUP)

DATA MAINTENANCE  
FORM:  
FRM\_REPERFUSIONSTRATEGY

TIME STAMPS AND THE  
PATIENT CARE PROCESS

CHEST PAIN CENTER  
CHART ABSTRACTION  
TOOL SURVEY FORMS

TABLE:  
TBL\_EDEKGCATDESC  
(TABLE LOOKUP)

DATA MAINTENANCE  
FORM:  
FRM\_TIMESTAMPPATIENT  
CAREPROCESS

PATIENT DISPOSITION FROM  
EMERGENCY DEPARTMENT

CHEST PAIN CENTER  
CHART ABSTRACTION  
TOOL SURVEY FORMS

TABLE:  
TBL\_DISPOSITION  
(TABLE LOOKUP)

DATA MAINTENANCE  
FORM:  
FRM\_PATIENTDISPOSITION

MAIN DATA BASE TABLE  
TBL\_PATEINFO

FIG-15B

OTHER TREATMENTS  
NITRATES

TABLE:  
TBL\_NITRATES  
(TABLE  
LOOKUP)

CHEST PAIN CENTER  
CHART ABSTRACTION  
TOOL SURVEY FORMS

DATA MAINTENANCE  
FORM: FRM\_OTASPIRIN  
HEPARINNITRATES

OTHER TESTING STRESS

CHEST PAIN  
CENTER CHART  
ABSTRACTION  
TOOL SURVEY  
FORMS

TABLE:  
TBL\_OTHERTESTING  
(TABLE LOOKUP)

DATA MAINTENANCE  
FORM:  
FRM\_SUBOTHERTEST

FIG-16A

TO FIG-16B

FROM FIG-16A

OTHER TREATMENTS  
CALCIUM CHANNEL BLOCKER

CHEST PAIN CENTER  
CHART ABSTRACTION  
TOOL SURVEY FORMS

TABLE:  
TBL\_CALCIIUMCHANNEL  
BLOCKER (TABLE  
LOOKUP)

DATA MAINTENANCE  
FORM:  
FRM\_SUBOTBETABLOCKER  
CALCIUMCHANNELBLOCKER

OTHER TREATMENTS  
HEPARIN

CHEST PAIN CENTER  
CHART ABSTRACTION  
TOOL SURVEY FORMS

TABLE:  
TBL\_HEPARIN  
(TABLE LOOKUP)

DATA MAINTENANCE  
FORM: FRM\_OTASPIRIN  
HEPARINNITRATES

OTHER TREATMENTS  
BETA BLOCKER

CHEST PAIN CENTER  
CHART ABSTRACTION  
TOOL SURVEY FORMS

TABLE:  
TBL\_BETABLOCKER  
(TABLE LOOKUP)

DATA MAINTENANCE  
FORM:  
FRM\_SUBOTBETABLOCKER  
CALCIUMCHANNELBLOCKER

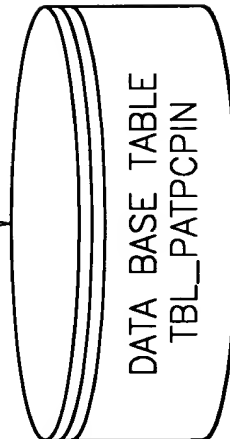


FIG-16B

Chest Pain Center Chart Abstraction Tool Data Forms			
Patient Information			
Hospital Name	Jackson Memorial Hospital	Patient Name	CARYC Hospital No. 1234567890
Mode of Arrival/Patient Symptoms	Cardiac Biomakers (thru CK-MB)		
Time Stamp and the Patient Care Process	Cardiac Biomarkers (Troponin)		
Reperfusion Strategy	Other Treatments (thru Nitrates)		
Patient Disposition from ED	Other Treatments (Blockers)		
PCP Cardiologist	Other Testing		
No Physician Listed	Financial Information Top Ten Payors		
Close Form			

FIG-17A

Chest Pain Center Chart Abstraction Tool – Quality Assurance									
Patient Information									
Hospital Name:		Jackson Memorial Hospital							
Patient Name:		CARYC	Birth Date:		7/8/65	Gender:		F	
Unique Hospital Number:		1234567890		Race:		H			
Next	Previous	First	Last	Find	Save	Add	Undo	Delete	
Enter/Edit Survey		System Maintenance				Exit Application			

FIG-17B

Patient Information	
Hospital Name <input type="text" value="Jackson Memorial Hospital"/>	Patient Name <input type="text" value="CARYC"/> Hospital No. <input type="text" value="1234567890"/>
Mode of Arrival	
Mode of Arrival: <input type="text" value="OTHER"/>	Time of Fire & Rescue Notification: <input type="text"/>
Time Fire & Rescue Arrival: <input type="text"/>	
Which Fire & Rescue Unit Responded: <input type="text"/>	
Transfer Facility Name: <input type="text"/>	
Other Transfer Description: <input type="text" value="KKKKK"/>	
Patient Symptoms	
Chest Pain: <input type="checkbox"/>	Chest Discomfort: <input checked="" type="checkbox"/> Angina: <input checked="" type="checkbox"/>
Chest Hurts: <input checked="" type="checkbox"/> I'm having heart attack <input checked="" type="checkbox"/>	Neck pain: <input checked="" type="checkbox"/>
Arm/shoulder pain: <input checked="" type="checkbox"/>	Short of breath <input checked="" type="checkbox"/> Abdominal pain: <input checked="" type="checkbox"/>
Other: <input checked="" type="checkbox"/>	Other Symptom Description: <input type="text" value="TEST"/>
Time of first onset of significant symptoms: <input type="text" value="12:00"/>	Not Documented: <input type="checkbox"/>
Date of first onset of significant symptoms (if different from ED arrival date): <input type="text" value="11/11/95"/>	
<input type="text" value="Close Form"/>	<input type="text" value="Time Stamp and the Patient Care Process"/>

FIG-17C

Patient Information	
Hospital Name <input type="text" value="Jackson Memorial Hospital"/>	Patient Name <input type="text" value="CARYC"/> Hospital No. <input type="text" value="1234567890"/>
Time Stamp and the Patient Care Process	
Date ED Visit: <input type="text" value="11/11/95"/>	Not Documented: <input type="checkbox"/>
Time of Arrival at ED: <input type="text"/>	Not Documented: <input checked="" type="checkbox"/>
Time of first ED EKG: <input type="text"/>	Not Documented: <input checked="" type="checkbox"/>
Date first ED EKG (if different from arrival date): <input type="text" value="11/11/95"/>	
Time the first EKG seen by ED doctor: <input type="text"/>	Not Documented: <input checked="" type="checkbox"/>
Date first ED EKG seen by ED doctor (if different from arrival date): <input type="text" value="11/11/95"/>	
Time doctor makes decision to use thrombolytic or direct angioplasty: <input type="text"/>	Not Documented: <input checked="" type="checkbox"/>
Date doctor makes decision (if different from arrival date): <input type="text" value="11/11/95"/>	
What was the first ED EKG (as read by the ED physician)? <input type="text" value="DIAGNOSTIC ACUTE ISCHEMIA/INFR"/>	
Did the ED physician document his/her EKG interpretation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Did the ED physician sign his/her EKG interpretation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
What was the first ED EKG (as read by the official reader)? <input type="text" value="ABNORMAL NONDIAGNOSTIC ACUTE"/>	
Time of first EKG felt to be diagnostic for acute ischemia/infarction: <input type="text"/>	
Date of first diagnostic EKG (if different from arrival date): <input type="text"/>	
How did the official reader interpret this EKG? <input type="text" value="ABNORMAL NONDIAGNOSTIC ACUTE"/>	
<input type="text" value="Close Form"/>	<input type="text" value="Reperfusion Strategy"/>

FIG-17D



Patient Information					
Hospital Name	Jackson Memorial Hospital	Patient Name	CARYC	Hospital No.	1234567890
Reperfusion Strategy					
Thrombolytic agent given? —		Thrombolytic Agent Type? <input type="text"/>			
<input type="checkbox"/> Yes		Time Thrombolytic agent initiated: <input type="text"/>			
<input checked="" type="checkbox"/> No		Date (if different from arrival date): <input type="text"/>			
Did patient reperfuse? —		Did patient undergo rescue angioplasty? <input type="text"/>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Time to wire: <input type="text"/>			
Primary angioplasty? —		Date (if different from arrival date): <input type="text"/> Time artery opened: <input type="text"/>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Date (if different from arrival date): <input type="text"/>					
Close Form		Patient Disposition from ED			

FIG-17E

Patient Information	
Hospital Name	Jackson Memorial Hospital
Patient Name	CARYC
Hospital No.	1234567890
Patient Disposition from Emergency Department	
Patient Disposition from Emergency Department: TRANSFER HOSPITAL	
If admitted to hospital, what unit did the patient get admitted to:	
If transferred to another hospital, which hospital: Ikujhkljhllk	
Time ED physician made decision to admit or transfer:	
Date (if different from arrival date):	11/11/95
Time patient actually left ED: 15:45	
Date (if different from arrival date): 11/11/95	
Final ED Diagnosis (2) (from ED record)	
First Dx:	Billing Code:
Second Dx:	Billing Code: tttt
Final Hospital Discharge Diagnosis (3) (from hospital chart if patient was admitted)	
First Dx:	DRG Code
Second Dx:	DRG Code
Third Dx:	DRG Code
Close Form	
PCP Cardiologist	
Caregiver Information	
Name of Emergency Physician caring for patient:	
Name of Emergency Nurse caring for patient:	

Patient Information			
Hospital Name	Jackson Memorial Hospital	Patient Name	CARYC Hospital No. 1234567890
Primary Care Physician			
<div> <div> Did patient list a primary care physician? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> If yes, name: <div></div> </div> </div> <div> Was the primary care physician called? <div> <input type="checkbox"/> Not Documented: </div> </div> <div> If yes, time PCP was called: <div> <input type="checkbox"/> Not Documented: </div> </div> <div> If yes, time PCP returned the call: <div> <input type="checkbox"/> Not Documented: </div> </div> <div> If yes, unable to reach the PCP: <div></div> </div>			

FIG-17G

Patient Information					
Hospital Name	Jackson Memorial Hospital	Patient Name	CARYC	Hospital No.	1234567890
No Physician Listed					
Was patient "unassigned" (did not have a physician)?					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If yes, was the "on call" PCP called?					
<input type="checkbox"/> Not Documented: <input type="checkbox"/>					
If yes, time "on call" PCP was called:					
<input type="checkbox"/> Not Documented: <input type="checkbox"/>					
If yes, time "on call" PCP returned the call:					
<input type="checkbox"/> Not Documented: <input type="checkbox"/>					
If yes, unable to reach the "on call" PCP:					
<input type="checkbox"/>					
Close Form			Cardiac Biomarkers (thru CK-MB)		

FIG-17H

Cardiac Biomarkers							
<div>Was myoglobin testing done? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div>Was it elevated? <input type="checkbox"/></div> <div>If elevated, what was time of first abnormal test: Date (if different from arrival date): <table border="1"><tr><td></td></tr><tr><td></td></tr></table></div> <div>Was creatine kinase (CPK or CK) testing done? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div>Was it elevated? <input type="checkbox"/></div> <div>If elevated, what was time of first abnormal test: Date (if different from arrival date): <table border="1"><tr><td></td></tr><tr><td></td></tr></table></div> <div>Was creatine kinase MB(CK-MB) testing done? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div>Was it elevated? <input type="checkbox"/></div> <div>If elevated, what was time of first abnormal test: Date (if different from arrival date): <table border="1"><tr><td></td></tr><tr><td></td></tr></table></div>							

FIG-17I

Cardiac Biomarkers			
Was Troponin testing done? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was it elevated? <table border="1"><tr><td></td></tr><tr><td></td></tr></table>		
If elevated, what was time of first abnormal test: Date (if different from arrival date): <table border="1"><tr><td></td></tr><tr><td></td></tr></table>			
Was only a single CPK, CK or CK-MB done? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was it elevated? <table border="1"><tr><td></td></tr><tr><td></td></tr></table>		
Was a 0-6-12 hour protocol followed? <table border="1"><tr><td></td></tr><tr><td></td></tr></table>			
Was a 0-8-16 hour protocol followed? <table border="1"><tr><td></td></tr><tr><td></td></tr></table>			

FIG-17J

Other Treatments	
Aspirin given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, time first aspirin given: Date (if different from arrival date): If no, allergy to aspirin listed:
Heparin given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, route: Time first heparin given: Date (if different from arrival date): If no, allergy to heparin listed:
Nitrates given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, route: Name of agent used: Time first nitrate given: Date (if different from arrival date):

FIG-17K

Other Treatments	
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">           Beta Blocker given? —  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No         </div> <div style="margin-left: 40px;">           If yes, route:            Name of agent used:            Time first Beta Blocker given:            Date (if different from arrival date):            If no, allergy to Beta Blocker listed:         </div> <div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>	<div style="margin-left: 40px;">           If yes, route:            Name of agent used:            Time first calcium channel blocker given:            Date (if different from arrival date):            If no, allergy to calcium channel blocker listed:         </div> <div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>

FIG-17L



Financial Information Top Ten Payors	
Payor1:	
Payor2:	
Payor3:	
Payor4:	
Payor5:	
Payor6:	
Payor7:	
Payor8:	
Payor9:	
Payor10:	
OtherPayor:	

Close Form

FIG-17M